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FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035838 (9)

1. Corporation Name

SOMERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~7494 SE PEACOCK STREET~~
~~HOBE SOUND FL 33544~~
~~US~~

~~7494 SE PEACOCK STREET~~
~~HOBE SOUND FL 33455~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1994

4. FEI Number

65-0486318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 S KYLE WAY

26 S KYLE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BOYNTON BEACH FL

28 BOYNTON BEACH

24 Zip 33462

25 Country US

29 Zip 33462

30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOMERS, MARK

~~7494 SE PEACOCK STREET~~
~~HOBE SOUND FL 33455~~

S KYLE WAY
BOYNTON BEACH
FL 33462

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPTS ☐ DELETE

NAME SOMERS, PATRICE

STREET ADDRESS ~~7494 SE PEACOCK STREET~~

CITY-ST-ZIP ~~HOBE SOUND FL~~

TITLE VD ☐ DELETE

NAME MARK SOMERS

STREET ADDRESS ~~7494 SE PEACOCK STREET~~

CITY-ST-ZIP ~~HOBE SOUND FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

2-28-98

7-1-1998-5890

CP2E034 (10/97)