

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006168 (5)

1. Corporation Name

SOMETHING MORE INC.



Principal Place of Business

Mailing Address

5250 COCONUT CREEK PKWY.
MARGATE FL 33065

Something More Inc.
21208 B St. Andrews Blvd
Boca Raton, FLA 33433
(407) 338-4202

5250 COCONUT CREEK PKWY.
MARGATE FL 33065

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.
Something More Inc.
21208 B St. Andrews Blvd
Boca Raton, FLA 33433
(407) 338-4202

Suite, Apt. #, etc.
Something More Inc.
21208 B St. Andrews Blvd
Boca Raton, FLA 33433
(407) 338-4202

23

28

City & State

City & State

24

29

Zip

Zip

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/24/1995

3a. Date of Last Report

4. FEI Number

65-054 5062

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

SLABODSKY, PEARL
5250 COCONUT CREEK PKWY.
MARGATE FL 33065

Something More Inc.
21208 B St. Andrews Blvd
Boca Raton, FLA 33433
(407) 338-4202

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 the corporation

Printed, Eng. signed Agent Signature required when not state reg.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	PEARL SLABODSKY	
STREET ADDRESS	16300 GOLF CLUB ROAD	
CITY-ST-ZIP	FORT LAUDERDALE - FLORIDA 33326	
TITLE	Secy	<input type="checkbox"/> DELETE
NAME	Stephen H. Deusch	
STREET ADDRESS	16300 GOLF CLUB ROAD	
CITY-ST-ZIP	FORT LAUDERDALE - FLORIDA 33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***200.00

5-1-96
DEB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information reported 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:

PEARL SLABODSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

407

338-4202

CR2E034 (12/95)