

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90024 047 ***150.00

DOCUMENT # P95000028068 OF

1. Corporation Name

MARTIUS-SOMRAK CORP

Principal Place of Business

Mailing Address

4405 VARSITY LAKES DR
LEHIGH ACRES, FL 33971

4405 VARSITY LAKES DR.
LEHIGH ACRES, FL
33971

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/10/1995

2. Principal Place of Business

2a. Mailing Address

21 4405 VARSITY LAKES DR
Suite, Apt. #, etc.

26 4405 VARSITY LAKES DR
Suite, Apt. #, etc.

4. FEI Number

59-3315827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDELL L. PRINCE
8401 JR MAJOR DRIVE
SUITE 100
TAMPA, FL 33634

81 Name

JAMES A SOMRAK

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

3641 WINKLER EXT #1812

83

84 City

FT. MYERS

FL

85 Zip Code
33916

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.

JAMES A SOMRAK

3/10/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE
NAME SOMRAK, JAMES A
STREET ADDRESS 3641 WINKLER EXT #1812
CITY-ST-ZIP FT MYERS, FL 33916

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP/D ☐ DELETE
NAME MARTIUS, BERNARD S
STREET ADDRESS 3339-3 NEWS PROVINCE BLVD
CITY-ST-ZIP FT. MYERS, FL 33907

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP/D ☒ DELETE
NAME JACK D. SUAREZ
STREET ADDRESS 8401 JR MAJOR DR STE 100
CITY-ST-ZIP TAMPA, FL 33634

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S/T/D ☒ DELETE
NAME RANDELL L. PRINCE
STREET ADDRESS 8401 JR MAJOR DR STE 100
CITY-ST-ZIP TAMPA, FL 33634

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

941-194-0008

Daytime Phone #

CR2E034 (11/98)