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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051375 (9)

SOMERSET ENTERPRISES, INC.

FILED May 08 1998 8:00am Secretary of State

Principal Place	e of Business TER RD	Mailing Address 355 BREWSTER RD								
MUNICANII	C FL 32803	INDIATLANTIC FL 32903	ļ			DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualified]
2. Principal P	lace of Business	2a. Mailing Address				06/14/1996 4. FEI Number		IAnn	olied For	
21		26				59-3396272	Not Applicable			,†
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing			May Be	7
23 Ind.	Country		Zip Country			Trust Fund Contribution		ided to	_ 	4
24	25	29	30	пту		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent ye X Yes		ngible No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	I Agent			_
	EINSCHMIDT, CHARLES H			81	Name					
	O A FENTRESS BLVD NYTONA BEACH FL 32214		82 Street A		Street Addre	ess (P.O. Box Number is Not Acceptable)		-		1
"	ATTORN DENOTIFE 32214			83						1
				84	City		85	Zip C	ndo	4
						FI	_			Ĺ
office or r	to the provisions of Sections 607.05(egistered agent, or both, in the State m f a miliar with, and accept the oblig	of Florida. Such change was	authorized	d by th	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of chang pointme	ing its nt as re	registered egistered	
SIGNATURE	Signature, typed or ponted name of registered age	(A)(C)	f. Quairtores	d Acont	0.0001.000.000	d when reinstaling) DATE				
12.		ID DIRECTORS	13.	J Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	CTORS	IN 12	6
TITLE	DP	DELETE	1.1 111	TLE			Cha		Addition	10/97
NAME	CHINISKI, JOHN			AME						
STREET ADDRESS	ss 355 BREWSTER RD INDIATLANTIC FL 32903		1	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						R2F034
CITY-ST-ZIP	DVS	DELETE	1.4 C() 2.1 T()		ZIP		[.] Cha	inge	Addition	ქშ
NAME	CHINISKI, JANET		2.2 NA							
STREET ADDRESS	355 BREWSTER RD		2.3 STI	REET AD	DDRESS					
CITY-ST-ZIP	INDIATLANTIC FL 32903			114-81-	ZIP		- 		r	1
TITLE NAME	DT Kleinschmidt, Charles H	∐ DELETE ∎	3.1 TIT				∐ Cha	nge	Addition	
STREET ADDRESS	400 A FENTRESS BLVD	ı	3.2 NA 3.3 ST	ime Reet ad	OTIBESS					
CITY-ST-ZIP	DAYTONA BEACH FL 32114			ITY-ST-						
TITLE				LE						1
NAME			4 2 N/							
STREET ADDRESS				REET AD						
CITY-ST-ZIP TITLE		DELETÉ	4.4 CIT	(Y-S1-2	ZIP		Cha	nae	Addition	} /
NAME			5.2 NAME					a -		
STREET ADDRESS			1	REET AD	ODRESS					
CITY-ST-ZIP				[Y - \$1 - Z	7IP				_	
TITLE		[_] DELETE	6.1 TIT				Cha	nge	Addition	
NAME STREET ADDRESS			6.2 NAI		ADDE OC					
CITY-\$T-ZIP				REE1 AD 1Y-S1-Z						
14. I hereby c	ertify that the information supplied w	ith this film does not qualify for	the exe	mptio	n stated in S	Section 119.07(3)(i), Florida Statutes. I further o	ertify tha	t the ir	nformation	1

indicated on this annual report or supplied with this fluid does not qualify to 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 occurate 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 of the receipt of 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 all inged for an alta myory with an address.

CICMATURE.