FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$47508

(4)

SOMARK INTERNATIONAL, INC.

FILED

May 13 1997 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address		1817 91811 91911 91914 9191 1 9191 1 91911 189)			
6053 CHESTE JACKSONVILI		8053 CHESTER AVENU JACKSONVILLE FL 323					
					3. Date Incorporated or Qualified 04/16/1991	3a. Date of Last Report 05/01/1996	
2. Principal P	flace of Business	2a. Mailing Address			4. F.I. Number	Applied For	
21		26			59-3097679	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip i	Countr	У	8. This corporation has liability for		
24	25	[29]	30			Yes No	
ĎI.	Name and Address of Curren Name and Address of Curren	r Hegistereo Agent	81	Name	10. Name and Address of New R	egistered Agent	
	ACK, ROBERT H. 58 MARINER POINT				manusa a provincia de la construir de la const	······································	
	CKSONVILLE FL 32217		82	Street Add	ress (P.O. Box Number is Not Accepta	ible)	
•••			83	3		MARTIN PROPERTY PROPERTY PROPERTY S. TO FREE PROPERTY AND BUT CALCULATE A SETAL COLUMN ASSESSMENT . TO ACCURATE	
			84	1 City		85 Zip Code	
				1,	·	FL	
11. Pursuarit office or r agent. La	to the provisions of Sections 607.050/ registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida. Such change wa ations of, Section 607.0505,	lutes, the abor s authorized b Florida Statule	ve-named corp by the corporal es.	poration submits this statement for the tion's board of directors. I hereby according	purpose of changing its registered opt the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered age: OFFICERS AND		O16: Registered Ap	gent signature requi	rod when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	
TITLE	D OFFICERS AND	DELETE	1,1 101LE	 	ADDITIONS/CHANGES TO OFF	Change Addition	
NAME	BLACK, ROBERT H.		1.2 NAME				
STREET ADDRESS	4858 MARINER POINT		1.8 STREE	1 ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CHY-	S1-ZIP			
TITLE	D	☐ DELETE	2.1 111LF			Change Addition	
NAME	THOMPSON, JOHN MARK		2.2 NAMI				
STREET ADDRESS	6055 CHESTER AVENUE JACKSONVILLE FL			1 ADDRESS			
CITY-ST-ZIP TITLE	JACKSONVILLE FL	DELFIE	2 4 CITY 3.1 TITUE	- ST - ZIP		Change Addition	
NAME		LJ DELLIE	3.2 NAME			El cuarige El vandibil	
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	r			
STREET ADDRESS				1 A9DRESS			
CITY-ST-ZIP		DELETE	4.4 CHY-	\$1 · 71P		Channa Maddican	
TITLE		טננון:	5.1 TITLE			Change Addition	
NAME STREET ANDRESS			5.2 NAME				
STREET ADDRESS CITY-ST-ZIP			5.8 STREE	1 ADDRESS			
TITLE		DELETE	6.1 111LE	· · · · · · · · · · · · · · · · · · ·	to describe and an additional state of the s	Change Addition	
NAME			6.2 NAME			<u> </u>	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6.4 CITY				

14. Ido 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 he 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 on a latest ent with an address.

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