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Mar 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S59962**

1. Corporation Name

SOMAX MANAGEMENT COMPANY

								(4 (15		40(6 8708) (08) 300 050) (08)
Principal Place of Business Mailing Address						_1	1 18811818 (8) 83118 (8)(8 (8)	III 1101 B(B14 B11	71) E1811 A1811 A1	IRII GIĀIL IGGI
1655 PALM BEACH LAKES BLVD. SUITE 900		1655 PALM BEACH LAKES BLVD. SUITE 900				•				
WEST PALM BE	ACH FL 33401	WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE				
						3.	Date incorporated or Qualifed 06/17/1991)
2 Principal Pla	ace of Business	2a, Mailing Address				4.	FEI Number		Apı	plied For
21		26					65-0263723		No	t Applicable
Suite, Apt. 7	#. etc.	Suite, Apt. #, etc.				1			\$8.75 A	Additional
22	.,	27	27			5.	Certificate of Status Desired		Fee Re	quired
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			6.	Election Campaign Financing		\$5.00	May Be	
23		28				"	Trust Fund Contribution		Added to	•
Zip	Country	Zip	Cou	intry		8.	This corporation owes the curr	ent year Inta	angible	
24	25	29	30				Personal Property Tax.		⊠ Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>		10.	Name and Address of New F	legistered A	Agent	
				81	Name					
ZARETSKY, RICHARD P.				82	Street Ad	drnee (O	O. Box Number is Not Accepta	thle)		
1655 Palm Beach Lakes BLVD.				DZ	Sileet Aut	idiess (r	.O. DOX HUMBER IS NOT ACCEPTE	.0.07		
SUITE 900				83		_				
WES	T PALM BEACH FL 33401								Ta=1 30 /	
				84	City			FL	85 Zip C	Joue
11 Pursuant t	to the provisions of Sections 607,0502	and 607,1508, Florida Statut	es, the a	bove	e-named cor	rporation	n submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	if Florida. Such change was a	utnorize	g DV	tne corpora:	ition's bo	pard of directors. I hereby accep	ot the appoir	itment as req	gistered
SIGNATURE							·			\
	Signature, typed or printed name of registered agent		<u> </u>	Ager	nt signature requi			DATE	D DIRECTO	DC IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13.				ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
TITLE	DP B	CT DECESE	1.1 Ti							
NAME	ZARETSKY, RICHARD P.		1.2 N							
STREET ADDRESS	1655 PALM BCH LAKES BLVD		- 1		TADDRE\$S					ļ
CITY-ST-ZIP	WEST PALM BEACH FL			ITY-S	T-ZIP		<u> </u>		Change	Addition
TITLE	D	☐ DELÉTE	2.1 ∏	TLE			•		☐ Change	LJ Addition (
NAME	ZARETSKY, ESTHER A.		2.2 N	AME	ĺ					}
STREET ADDRESS	1655 PALM BCH LAKES BLVD		2.3 S	TREE	TADDRESS		• -			
CITY-ST-ZIP	WEST PALM BEACH FL		_		ST-ZIP			<u> </u>		— D Addition
TITLE		☐ DELETE	3.1 T	ITLE					☐ Change	Addition
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	TREE	TADDRESS)
CITY-ST-ZIP			3.4. 0	TY-9	ST-ZIP					
TITLE		☐ DELETE	4.1 T	TLE					☐ Change	☐ Addition
NAME			4.21	IAME						1
STREET ADDRESS			4.3 S	TREE	TADDRESS					Ì
CITY-ST-ZIP			4.4 0	ITY-S	iT-ZIP					
TITLE		☐ DELETE	5.1 T	ITLE					☐ Change	☐ Addition
NAME			5.2 N	AME	ļ		,	. •		Ì
STREET ADDRESS			5.3 S	TREE	T ADDRESS					
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 T	ITLE					☐ Change	Addition

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 empoyered 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN