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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 655303

(6)

SUMMIT HOTEL MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 325 FIFTH AVENUE P O BOX 3659 INDIALANTIC FL 32903-1263 SUMMIT HOTEL MANAGEMENT COMPANY, INC. Mailing Address 125 FIFTH AVENUE P O BOX 3659 INDIALANTIC FL 32903-1263								
17 19-74 19-71 17-17	V 12 82000 1200	Magnicianity in the			 Date Incorporated or Qualified 02/08/1980 		of Last Re 1/30/19	
2. Principal Plac	ce of Business	2a. Mailing Address		······································	4. FEI Number			pplied For
1		26			59-1986853		N	lot Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional tequired
2] Oity & State		City & State			6. Election Campaign Financing			May Be
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability of		under s	199.032,
4	25	29	30		Florida Statutes 12 Y			
	9 Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered A	gent	····
400 11	N LADDY			81 Name				
KOONIN, LARRY 325 FIFTH AVENUE INDIALANTIC FL 32903				82 Street Ad	ddress (P.O. Box Number is Not Accept	able)		
			}	83				
INDIAL	ANTIC PL 32903			55				
				84 City		EI	85 Zip	Code
or registere	o the provisions of Sections 607.05 of agent, or both, in the State of Fk i, and accept the obligations of, Se	orida. Such change was author	ized by the c	ve named corporation's b	poration submits this statement for the ploard of directors. I hereby accept the ap	ourpose of chan opointment as re	iging its re egistered	agent. I am
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14. Face mereby decays that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath, 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING DIFFICENCE DEBUT DEB