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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 655303 (6)
 1. Corporation Name
SUMMIT HOTEL MANAGEMENT COMPANY, INC.



Principal Place of Business: **825 FIFTH AVENUE, P O BOX 9659, INDIALANTIC FL 32903-1263**
 Mailing Address: **325 FIFTH AVENUE, P O BOX 9659, INDIALANTIC FL 32903-4263**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1980	3a. Date of Last Report 01/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1986853	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOONIN, LARRY 325 FIFTH AVENUE INDIALANTIC FL 32903				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	Suite 207		
				84	City	FL	85

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]*
 Signature typed or printed name of registered agent and title in applicable. (NOTE: Registered Agent signature required when reinstating.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, CHARLES R.	1.2 NAME	
STREET ADDRESS	4116 N. OCEAN DR., #700	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, C. WAYNE	2.2 NAME	
STREET ADDRESS	325 FIFTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLKERT, LEON	3.2 NAME	
STREET ADDRESS	4116 N. OCEAN DR., #700	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONIN, LARRY	4.2 NAME	
STREET ADDRESS	325 FIFTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, CHARISSE A.	5.2 NAME	
STREET ADDRESS	325 FIFTH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: *[Signature]* **4-15-97 407 725-7500**

CR2E034 (9/96)