

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000645 (1)
 1. Corporation Name
SUMMIT APARTMENT MANAGEMENT COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 212 SOUTH TRYON STREET SUITE 500 CHARLOTTE NC 28281	Mailing Address 212 SOUTH TRYON STREET SUITE 500 CHARLOTTE NC 28281
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3. Date Incorporated or Qualified 02/09/1994	4. FEI Number 56-1859738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MCGUIRE JR, WILLIAM B	
STREET ADDRESS	212 S. TRYON STREET., STE 500	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAMILTON, WILLIAM B	
STREET ADDRESS	212 SOUTH TRYON STREET., STE 500	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAULSEN, WILLIAM F	
STREET ADDRESS	212 S. TRYON STREET., STE 500	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RAYMOND V	
STREET ADDRESS	212 S. TRYON STREET., STE 500	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KUHLMAN, KEITH H	
STREET ADDRESS	212 S. TRYON STREET., STE 500	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TUFARO, DAVID F	
STREET ADDRESS	212 S. TRYON STREET., STE 500	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael L. Schwarz
4.3 STREET ADDRESS	212 S. Tryon Street, Ste 500
4.4 CITY-ST-ZIP	Charlotte, NC 28281
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John C. Moore
5.3 STREET ADDRESS	212 S. Tryon Street, Ste 500
5.4 CITY-ST-ZIP	Charlotte, NC 28281
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *John C. Moore* **John C. Moore** 3/18/98 704/334-9905

CR2E034 (10/97)