

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90172 040 ***150.00

0010421

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F94000000645

1. Corporation Name
SUMMIT APARTMENT MANAGEMENT COMPANY

Principal Place of Business 212 SOUTH TRYON STREET SUITE 500 CHARLOTTE NC 28281	Mailing Address 212 SOUTH TRYON STREET SUITE 500 CHARLOTTE NC 28281
--	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/09/1994	
4. FEI Number 56-1859738	Applied For 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	SCHWARZ, MICHAEL L.
STREET ADDRESS	212 S. TRYON STREET., STE 500
CITY-ST-ZIP	CHARLOTTE NC 28281
TITLE	T <input type="checkbox"/> DELETE
NAME	MOORE, JOHN C.
STREET ADDRESS	212 S. TRYON STREET., STE 500
CITY-ST-ZIP	CHARLOTTE NC 28281
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: John C. Moore Date: 4/21/99 Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)