

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:43

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002098 (1)

1. Corporation Name
SUMMIT CASINO PRODUCTS, INC.

Principal Place of Business Mailing Address
**901 S. TEJON ST
COLORADO SPRINGS CO 80903** **901 S. TEJON ST
COLORADO SPRINGS CO 80903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/22/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		84-1242616		Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

**HARRIS, BOB L
216 S. MONROE ST
SUITE 200
TALLAHASSEE FL 32302**

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 _____
Signature of the person who is currently registered agent and the corporation Signature of the registered agent (signature required after recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMECKI, MICHAEL G	1.2 NAME	
STREET ADDRESS	931 S. TEJON ST	1.3 STREET ADDRESS	
CITY, ST, ZIP	COLORADO SPRINGS CO	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARNA, GERMAINE	2.2 NAME	Sarna, Germaine
STREET ADDRESS	931 S. TEJON ST	2.3 STREET ADDRESS	(please delete, no longer secretary)
CITY, ST, ZIP	COLORADO SPRINGS CO	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 applicable), or in an attachment with an address.

SIGNATURE: *Michael G. Humecki* Michael G. Humecki 04/07/95 719-632-5632
Signature and Printed Name of Signing Officer or Director Date