

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002098 (1)**  
 1. Corporation Name

**SUMMIT CASINO PRODUCTS, INC.**



Principal Place of Business: **931 S. TEJON ST COLORADO SPRINGS CO 80903**  
 Mailing Address: **931 S. TEJON ST COLORADO SPRINGS CO 80903**

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

3. Date Incorporated or Qualified: **04/22/1994**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **84-1242616**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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  
 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: \_\_\_\_\_ (Type or print name of the registered agent in the applicable block.)

12. OFFICERS AND DIRECTORS  
 TITLE: PD  
 NAME: **HUMECKI, MICHAEL G**  
 STREET ADDRESS: **931 S. TEJON ST**  
 CITY-ST-ZIP: **COLORADO SPRINGS CO**  
 DELETE  
 TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
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 TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 11 TITLE: \_\_\_\_\_  Change  Addition  
 12 NAME: \_\_\_\_\_  
 13 STREET ADDRESS: \_\_\_\_\_  
 14 CITY-ST-ZIP: \_\_\_\_\_  
 21 TITLE: \_\_\_\_\_  Change  Addition  
 22 NAME: **Secretary**  
 23 STREET ADDRESS: **Doris Hartman**  
 24 CITY-ST-ZIP: **931 S. Tejon St.**  
 31 TITLE: \_\_\_\_\_  Change  Addition  
 32 NAME: \_\_\_\_\_  
 33 STREET ADDRESS: \_\_\_\_\_  
 34 CITY-ST-ZIP: **Colo. Spgs., CO 80903**  
 41 TITLE: \_\_\_\_\_  Change  Addition  
 42 NAME: \_\_\_\_\_  
 43 STREET ADDRESS: \_\_\_\_\_  
 44 CITY-ST-ZIP: \_\_\_\_\_  
 51 TITLE: \_\_\_\_\_  Change  Addition  
 52 NAME: \_\_\_\_\_  
 53 STREET ADDRESS: \_\_\_\_\_  
 54 CITY-ST-ZIP: \_\_\_\_\_  
 61 TITLE: \_\_\_\_\_  Change  Addition  
 62 NAME: **400001922514**  
 63 STREET ADDRESS: **-08/15/96--01015--046**  
 64 CITY-ST-ZIP: **\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Michael HumECKI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 19, 1996 (719)*  
**632-5632**  
*05/15/96*

CR2E034 (3/96)