

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

FILED

96 SEP 16 AM 10:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P92000006670 (3)

1. Corporation Name

SUMMA PROPERTIES INC.

Principal Place of Business

Mailing Address

**79 N. HIBISCUS DRIVE
 MIAMI BEACH FL 33139**

**79 N HIBISCUS DRIVE
 MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **11/20/1992**
 3a. Date of Last Report: **08/17/1995**

4. FEI Number: **APPLIED FOR**
 Applied For: Applied For
 Not Applicable: Not Applicable

5. Certificate of Sales District: **65-011941**
 \$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. 190.032 Florida Statutes: Yes 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. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENBERG, TERENCE E
 79 N. HIBISCUS DRIVE
 MIAMI BEACH FL 33139**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 637.0505, Florida Statutes.

SIGNATURE

Signature of person providing information

Printed Name of Agent Signature registered with the State

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PD ROSENBERG, TERENCE	79 N. HIBISCUS DR.	MIAMI BCH. FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

900001358589
 -08/30/96--01029--014
 *****225.00 *****225.00

SB a-26-01

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 included 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 Florida Statutes 225.00 or 225.01, or on an attachment with an address

SIGNATURE: *T. Rosenberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **T. ROSENBERG**

8/6/96

CR2E034 (3/96)