

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000089289 (9)**

1. Corporation Name
SUMMERLAND RENTAL INC.



Principal Place of Business: **31160 AVENUE C BIG PINE KEY FL 33043**
Mailing Address: **31160 AVENUE C BIG PINE KEY FL 33043**

3. Date Incorporated or Qualified: **11/21/1995**
3a. Date of Last Report:
4. FEI Number: **65-0620193**
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

2. Principal Place of Business: **21 31159 Avenue B**
Suite, Apt. #, etc.:
22 City & State: **BIG PINE KEY, FL**
23 Zip: **33043** Country: **USA**
24
2a. Mailing Address: **26 31159 AVENUE B**
Suite, Apt. #, etc.:
27 City & State: **BIG PINE KEY, FL**
28 Zip: **33043** Country: **USA**
29 30

9. Name and Address of Current Registered Agent

**SZMANSKY, LES L
31160 AVENUE C
BIG PINE KEY FL 33043**

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

Signature of officer or director of corporation (required for all filers)

Date Registered Agent signature required (if filer)

Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SZMANSKY, LES L | 1.2 NAME | |
| STREET ADDRESS | P.O. BOX 420528 | 1.3 STREET ADDRESS | 27360 BARBADOS LANE |
| CITY-ST-ZIP | SUMMERLAND KEY FL 33042 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALCON, PEDRO | 2.2 NAME | |
| STREET ADDRESS | 31160 AVENUE C | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 500001859388 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | -06/12/96--01023--018 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ***200.00 |
| TITLE | <input type="checkbox"/> DELETE | 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Les L. Szmansky* **Les L. SZMANSKY** 3-14-96 305/872-3745
SIGNATURE AND TYPE OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)