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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000089289 (9)

1. Corporation Name  
SUMMERLAND RENTAL INC.



Principal Place of Business: 31159 AVENUE B, BIG PINE KEY FL 33043  
Mailing Address: 31159 AVENUE B, BIG PINE KEY FL 33043-4513

3. Date Incorporated or Qualified: 11/21/1995  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, City & State, Zip, and Country.  
4. FEI Number: 65-0620193  
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: SZMANSKY, LES L, 31160 AVENUE C, BIG PINE KEY FL 33043  
10. Name and Address of New Registered Agent: 81 Name: ROBIN R. SZMANSKY, 82 Street Address (P.O. Box Number is Not Acceptable): 31159 AVENUE B, 84 City: Big Pine Key, FL 85 Zip Code: 33043

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: Robin R. Szmansky, Robin R. SZMANSKY, DATE: 4-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: SZMANSKY, LES L	1.1 TITLE: PVST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 27360 BARBADOS LANE	CITY-ST-ZIP: SUMMERLAND KEY FL 33042	1.2 NAME: ROBIN SZMANSKY	
		1.3 STREET ADDRESS: 27360 BARBADOS LANE	
		1.4 CITY-ST-ZIP: SUMMERLAND KEY, FL 33042	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: FALCON, PEDRO	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 31160 AVENUE C	CITY-ST-ZIP: BIG PINE KEY FL 33043	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do 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.

SIGNATURE: Robin Szmansky, Robin SZMANSKY, President, DATE: 4-28-97, 305-872-0888

CR2E034 (9/96)