

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 03, 1999 8:00 am**  
**Secretary of State**

09-03-1999 90003 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000051809**

1. Corporation Name  
**SUMMIT MORTGAGE, INC.**



Principal Place of Business  
**14208 GLENMOOR DR  
 WEST PALM BCH FL 33409  
 US**

Mailing Address  
**14208 GLENMOOR DR  
 WEST PALM BCH FL 33409  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/11/1997**

4. FEI Number  
**65-0757134**

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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29** **30**

9. Name and Address of Current Registered Agent  
**KELLEHER, DENISE H  
 14208 GLENMOOR DRIVE WEST  
 PALM BEACH FL 33409**

10. Name and Address of New Registered Agent  
**81** Name **Dewise H. Miceli**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**14208 GLENMOOR DRIVE**  
**83**  
**84** City **WEST PALM BEACH, FL** **85** Zip Code **33409**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DENISE H KELLEHER</b>
STREET ADDRESS	<b>14208 GLENMOOR DR</b>
CITY-ST-ZIP	<b>WEST PALM BCH FL 33409</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DENISE H. MICELI</b>
1.3 STREET ADDRESS	<b>14208 GLENMOOR DRIVE</b>
1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Dewise H. Miceli** **7/20/99** **561-471-4618**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

**SUMMIT MORTGAGE, INC**  
**14208 Glenmoor Drive West Palm Beach, FL 33409**  
**OFFICE 561-471-4618 FAX 561-471-3868**

7/20/99

P97000051809  
612360-90003-31

To whom it may concern:

As per our conversation with your office, we never received the first notice for the corporate renewal and therefore feel we should not be penalized. The gentleman in your office informed us to enclose this letter. Please find our check for \$150.00 enclosed.

Please do not hesitate to call me with any questions. Thank you for your attention to this matter.

Sincerely,

*Denise H. Miceli*

Denise H. Miceli, President  
FEI Number 65-0757134