

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

NON-PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V43199** (1)

1. Corporation Name

SUMMER GREEN CORPORATION



Principal Place of Business

**1602 ALTON ROAD
SUITE 100
MIAMI BEACH FL 33139**

Mailing Address

**1602 ALTON ROAD
SUITE 100
MIAMI BEACH FL 33139**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ALEXANDER, A.
1602 ALTON ROAD
SUITE 100
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified

06/12/1992

3a. Date of Last Report

02/07/1995

4. FET Number

65-0339723

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

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 607.0602 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the president or other principal officer of the corporation

Signature of the Registered Agent or other registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	KANSY, J. P.	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, A.	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	LECOMPTE, J.	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	
CITY-ST-ZIP	MIAMI BEACH FL	
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. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6. NAME	DVS	
7. STREET ADDRESS	SMEJDA, L. 1602 Alton Road	Suite 100
8. CITY-ST-ZIP	Miami Beach FL	
9. TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME	AS	
11. STREET ADDRESS	LeCOMPTE, J. 1602 Alton Road	Suite 100
12. CITY-ST-ZIP	Miami Beach FL	
13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
18. NAME	900001856933	
19. STREET ADDRESS	-06/10/96--01021--026	
20. CITY-ST-ZIP	***200.00	
21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. 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)(s), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. SMEJDA Secretary

4/30/96

Date

(305) 358-4441

Division Phone #

CR2E034 (12/95)

Handwritten: 5-1-96
SMEJDA