

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90039 003 \*\*\*158.75

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # V43199**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields.

3. Date Incorporated or Qualified: 06/12/1992  
 4. FEI Number: 65-0339723  
 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 Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**ALEXANDER, A.**  
 1602 ALTON ROAD  
 SUITE 100  
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent (81-85) fields.

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	DPT <input checked="" type="checkbox"/> DELETE
NAME	KANSY, J. P.
STREET ADDRESS	1602 ALTON ROAD SUITE 100
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	DVAS <input checked="" type="checkbox"/> DELETE
NAME	SMEJDA, L.
STREET ADDRESS	100 SE 2ND STREET, SUITE 2315A
CITY-ST-ZIP	MIAMI FL 33131
TITLE	S <input type="checkbox"/> DELETE
NAME	LECOMPTE, J.
STREET ADDRESS	1602 ALTON ROAD SUITE 100
CITY-ST-ZIP	MIAMI BEACH FL 33129
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	VP - T - AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KANSY, J.P.
1.3 STREET ADDRESS	1602 Alton Road, Suite 100
1.4 CITY-ST-ZIP	Miami Beach, FL
2.1 TITLE	D - P - AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMEJDA, L.
2.3 STREET ADDRESS	100 S.E. 2nd St., Suite 2315A
2.4 CITY-ST-ZIP	Miami, FL 33131
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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED J. LeCompte 4/27/99 (305) 358-9990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)