

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000006687 (4)

1. Corporation Name

CAPREIT OF SUMMER TRACE, INC.

Principal Place of Business

11200 ROCKVILLE PIKE  
ROCKVILLE MD 20852

Mailing Address

11200 ROCKVILLE PIKE  
ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

APPLIED FOR 52-2072838

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

Tallahassee

FL

85

Zip Code

32301

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

Shelia R. Hawkins, Asst. Secy, 4-27-98

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME KADISH, RICHARD L  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE D ☐ DELETE

NAME KADISH, RICHARD L  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE VCFO ☐ DELETE

NAME ESPOSITO, BRUCE A  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE D ☐ DELETE

NAME ESPOSITO, BRUCE A  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE VS ☐ DELETE

NAME GOLDSHINE, JEFFREY A  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE VS ☐ DELETE

NAME HEYMANN, ERNEST L  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Shelia R. Hawkins

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\*\*\*158.75

442100 (30) 2318700

CR2E034 (10/97)