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FILED  
May 18 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1992

4. FEI 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 owes or has paid the current year intangible  
Personal Property Tax due June 30

☐

Yes

☒

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME KANSY, J. P.  
STREET ADDRESS 1602 ALTON ROAD SUITE 100  
CITY-ST-ZIP MIAMI BEACH FL

TITLE DVS ☒ DELETE

NAME SMEJDA, L.  
STREET ADDRESS 100 S.E. 2ND ST. STE 2315-B  
CITY-ST-ZIP MIAMI FL 33131

TITLE AS ☒ DELETE

NAME LECOMPTE, J.  
STREET ADDRESS 1602 ALTON ROAD SUITE 100  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D-V-AS  
2.3 STREET ADDRESS Smejda, L.  
2.4 CITY-ST-ZIP 100 SE 2nd St. Ste. 2315A  
Miami, FL 33131

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME S  
3.3 STREET ADDRESS LeCompte, J.  
3.4 CITY-ST-ZIP 1602 Alton Road, Ste. 100  
Miami Beach, FL 33129

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:

J. LeCompte  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

305-358-4441

Date

Daytime Phone: #

0197550

CR2E034 (10/97)