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FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 653374

(9)

1. Corporation Name

SUMMIT TECHNICAL SERVICES, INC.

Principal Place of Business

8393 W SAMPLE RD
CORAL SPRINGS FL 33065
US

Mailing Address

8393 W SAMPLE RD
CORAL SPRINGS FL 33065-4147
US



3. Date Incorporated or Qualified

01/24/1980

3a. Date of Last Report

04/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1972092

Applied For

Not Applicable

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

22

City & State

27

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

23

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s 199 032,
Florida Statutes ☐ Yes ☐ No

24

9. Name and Address of Current Registered Agent

HENRIQUEZ, SYLVIA
8393 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

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 607.0502 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 type and print name of officer, agent and fee taxpayer

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

HENRIQUEZ, SYLVIA

1.2 NAME

STREET ADDRESS

8393 WEST SAMPLE ROAD

1.3 STREET ADDRESS

CITY- ST- ZIP

CORAL SPRINGS FL

1.4 CITY- ST- ZIP

TITLE

V

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

MALWITZ, JAMES

2.2 NAME

STREET ADDRESS

8393 WEST SAMPLE ROAD

2.3 STREET ADDRESS

CITY- ST- ZIP

CORAL SPRINGS FL

2.4 CITY- ST- ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

14. I do 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 84752-030P

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CR2E034 (9/96)