FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:58

DOCUMENT # 673877 (7)

1. Corporation Name
SUMMIT PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6289 W. SUNRISE BLVD. SUITE #202 SUNRISE FL 33313	6289 W. SUNRISE BLVD. SUITE #202 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1980
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2046901 ☐ 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

9. Name and Address of Current Registered Agent

FRIEDER, PAUL
6289 W SUNRISE BV
STE 202
SUNRISE FL 33313

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDER, PAUL	1.2 NAME		
STREET ADDRESS	6110 S.W. 130TH AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	VS	2.1 TITLE		☐ Change ☐ Addition
NAME	CASTAGNO, DONALD	2.2 NAME		
STREET ADDRESS	6001 N.W. 47TH PLACE Delete	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	TREASURER /SEC	☒ Change ☐ Addition
NAME	FRIEDER, MAUREEN	3.2 NAME		
STREET ADDRESS	6110 S.W. 130TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	4.1 TITLE	VICE PRESIDENT /ASST SEC	☐ Change ☒ Addition
NAME	MARTIN McANDREW	4.2 NAME	MARTIN McANDREW	
STREET ADDRESS	13880 N.W.	4.3 STREET ADDRESS	13880 N.W. 7TH ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
TITLE		5.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		5.2 NAME	ROBERT HITTNER	
STREET ADDRESS		5.3 STREET ADDRESS	2271 N.W. 47 Terrace #216	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lauderhill, FL. 33313	
TITLE		6.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		6.2 NAME	GAIL SANGUNETT	
STREET ADDRESS		6.3 STREET ADDRESS	9804 N.W. 1 Court	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PLANTATION, FL. 33324	

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)(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: Paul Frieder 3/1/95 305-792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0221001 CP