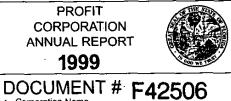
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

SUMMA 1 CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## Katherine Harris Secretary of State

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90059 004 \*\*\*150.00

	(il elen enen even	i didii dada didii id

}			_		
Principal Place	of Business	Mailing Address			
111 MADISON S	ST.	111 MADISON ST.			
SUITE 2300	_	SUITE 2300			DO NOT WRITE IN THIS SPACE
TAMPA FL 3360	02	TAMPA FL 33602			3. Date Incorporated or Qualifed
					08/24/1981
- Drivernal Di	ace of Business	2a. Mailing Address		<del> </del>	4 FEI Number Applied For
<b>├</b>	orth Tampa Street	26 400 North Ta		Stroot	NOT APPLICABLE Not Applicable
21 400 N Suite, Apt.		Suite, Apt. #, etc.	ampa	prieer_	_ \$8.75 Additional
	2300	27 Suite 2300			5. Certificate of Status Desired
City & State	<del></del>	City & State			6. Election Campaign Financing S5.00 May Be
	, Florida 19102	Z8 Tampa, Flori	ída		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	<del></del>	8. This corporation owes the current year Intangible
3360	2 <b>25</b> USA	29 33602 30	US.	A	Personal Property Tax. Yes No
<del></del>	9. Name and Address of Current				10. Name and Address of New Registered Agent
			8	Name	
	kau, stephen l		82	Street Add	ress (P.O. Box Number is Not Acceptable)
111 MADISON ST.		0.	400 No	orth Tampa Street	
	E 2300		83		0000
) TAMI	PA FL 33602			Suite	2300
ļ			84	City Tampa	FL 85 Zip Code 33602
) office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Finna Such Change was auth	יס ווסחבעם	ve-named corp	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	ent signature require	ed when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PĎ	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	raponi, dante a.		1.2 NAME		
STREET ADDRESS	919 KRAFT AVE.		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-	ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAPONI, RUTH JOY		2.2 NAME	: †	
STREET ADDRESS	919 KRAFT AVE:		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		2. 4 CITY	-ST-ZIP	
TITLE		DELETE	3.1 TITLE	[	☐ Change ☐ Addition
NAME			3.2 NAME	:	
STREET ADORESS	) ·		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP	
TITLE		[] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	E	•
STREET ADDRESS			4.3 STRE	ET 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-\$T-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

Addition

Addition