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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F83532

(4)

SUMMAN WESTERN INVESTMENT, INC.

FILED
May 02 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 449 SUNSET DRIVE 449 SUNSET DRIVE HOUSE HOUSE HOUSE HALLANDALE FL 33009 6539			······································		3. Date Incorporated or Qualified		le of Last F	Beport	
ı						06/01/1982		3/1996	юрли
2. Principal F	ncipal Place of Business 28. Mailing Address 26					4, FEI Number 26-1760509) 	pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		7-11-1-1-1	5. Certificate of Status Desired		\$8.75	Additional equired
City & Stal	· · · · · · · · · · · · · · · · · · ·				 	Election Campaign Financing Trust Fund Contribution			May Be
7(p)	Country 25				,	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No			
241	9. Name and Address of Curr			т	 :	10. Name and Address of New Re			
HUF	RLEY, HARRY T.			81	Name		-X		
449 SUNSET DR. HALLANDALE FL 33009			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)			
IIA	LEMICALL I L 00009			83				77	····
				84	Crty		FL	85 Zip	Code
office or agent. La SIGNATURE.	Sign also typed or poilled name of registered					ation's board of directors. I hereby accelured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	· · · · · · · · · · · · · · · · · · ·	
Tillef	PTD		DELETE	1.1 TITLE		NODITIONS OF INTOLOTIC OF IT		Change	Addition
NAME	HURLEY, HARRY T	Broad		1.2 NAME					
STREET ADDRESS				1.3 STREET	ADDRESS				
CITY ST - Zitr	HALLANDALE FL			1.4 CITY - S	IT-ZiP				
TOLLE	VSD		DELETE	2.1 TITLE				Change	Addition
NAME	HURLEY, MARY MELISSA			2.2 NAME					
STREET ADDRESS	449 SUNSET DRIVE HALLANDALE FL			23 STREET	i				
CITY - S1 - ZIP THILE	INCOMPACT		DELETE	2. 4 CITY-1 3.1 TITLE	ST · ZIP			Change	Addition
NAME		_	1	3.2 NAME				- initials	
STREET ADDRESS			1	3.3 STREET	ADDRESS				
CHTY ST-ZIF			ľ	3.4. CITY-	SY-ZIP				
TITLE			DELETE	4 1 TITLE				☐ Change	Addition
NAME			4	4. 2 NAME	i i				
	1		t		ļ				
STREET ADDRESS				4.3 STREET					
CHY-ST ZIP		·····	DELETE	4.3 STREET			<u></u>	Channe	Addition
CHY-ST ZIP TITLE			DELETE	4.3 STREET 4.4 CITY - S 5.1 TITLE				Change	Addition
CHY-ST ZIP TITLE NAME			DELETE	4.3 STREET 4.4 CITY - 5 5.1 TITLE 5.2 NAME	ST - ZIP			Change	Addition
CHY-ST ZIP TITLE NAME STREET ADDRESS			DELETE	4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
CHY+ST ZIP TITLE NAME				4.3 STREET 4.4 CITY - 5 5.1 TITLE 5.2 NAME	ADDRESS			☐ Change	Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP				4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S	ADDRESS		***		
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP HILE				4.3 STREET 4.4 CITY - 5 5.1 TITLE 5.2 NAME 5.3 STAEET 5.4 CITY - 5 6.1 TITLE	ADDRESS ST-ZIP				

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 33 or Block 13 if chapped, or on an attachment with an address.

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