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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # F9500001465

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 07, 1999 8:00 am Secretary of State 06-07-1999 90016 049 ***550.00

Corporation SUMMIT		LUTIONS, INC.		. 100									
Principal Place of Business Mailing Address									1	T PROFIUM THE SOUNT OFFICE MARKEN	iil au sil aans i		
1217 BANDANA BLVD N. PO BOX 223968 ST. PAUL MN 55108 HOLLYWOOD FL 33022-396						3							
									<u></u> _	DO NOT WRI	TE IN THIS	SPACE	
Ti.		_							<u> </u>	Date Incorporated or Qualifed 03/27/1995			
2. Principal Place of Business				2a. Mailing Address					1	FEI Number		<u> </u>	pplied For
21				26					 '	41-1667349			ot Applicable Additional
Suite, Apt. :	#, etc.		27						5. (Certifcate of Status Desired		Fee R	equired
City & State	e		L	City & State					1	Election Campaign Financing			May Be
23		 	28						→——	Trust Fund Contribution			to Fees
Zip				¬ ' —			Country			This corporation owes the curi	ent year int	angible □Yes	□No
24	25	d Address of Curre	29		30					Personal Property Tax. Name and Address of New I	Registered		
	y, ivaine an	a Address of Carre	an Kegi	araien wanir		81	Ī	lame	19.		<u></u>		
	ORPORATION				82	s	treet Addre	ddress (P.O. Box Number is Not Accepta		able)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							\vdash						
						84	-	City			FL	85 Zip	Code
office or n agent. I at SIGNATURE	egistered agent m familiar with,	s of Sections 607.05, or both, in the State and accept the obligenment of registered as OFFICERS A	e of Flor pations o	ida. Such change of, Section 607.05 e if applicable.	was authoriz 05, Florida Si (NOTE: Registe	ed by tatutes	tne	corporation	M S DOS	submits this statement for the ard of directors. I hereby acce	DATE	Turient as n	
12.	CFO	OFFICERS A	אום טוג	□ DELI		J. TITLE		Τ		DDITIONS/CHANGES TO CI	TIOLINGTA	Change	☐ Addition
		JOSEPH R				NAME		ļ					
NAME FINNEGAN, JOSEPH R STREET ADDRESS 10201 WAYZATA BLVD, #100					f	1.3 STREET ADDRESS							(
CITY-ST-ZIP MINNEAPOLIS MN 55305-1500							1.4 CITY-ST-ZIP						
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NAME					6.3	2 NAME							
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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.

SIGNATURE: