SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTE AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO EINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMEI OF STATE

Sandra B. Mo

Secretary of S DIVISION OF CORPO

RATIONS

FILED Jul 29 1997 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

DOCUMENT # F9600002440 (3)

SUMMIT CAPITAL GROUP, INC.

Principal Place of	Business
7830 OLD GEORGE	TOWN RD
BETHESDA MD 20	<u>8</u> 14

Mailing Address

7830 OLD GEORGETOWN RD. BETHESDA MD 20814

3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1944199 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BERKELHAMMER, HAROLD J 81 Name

3485 ENVIRON BLVD. LAUDERHILL FL 33360

82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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 a	m tamiliar with, and accept the obligations of, S	ection 607.0505, FI	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if si	oplicable. (NO)	E: Registered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		TO OFFICERS AND DIRECTOR	IS IN 12
TITLE	POC	☐ DELETE	1.1 TITLE		Change	Addition
NAME	BERKELHAMMER, CARL M		1.2 NAME			
STREET ADDRESS	5116 WILSON LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MO 20814		1.4 CITY-ST-7IP			
TITLE	VST	DELETE	2.1 TITLE		Change	Addition
NAME	HUBBARD, MICHAEL G		2.2 NAME			
STREET ADDRESS	6805 BRENNON LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	CHEVY CHASE MD 20815		2. 4 QITY-ST-ZIP			
TITLE		DELETE	3.1 T LE		Change	Addition
NAME			3.2 NME			
STREET ADDRESS			3.3 FET ADDRESS			
CITY-ST-ZIP			3.4. Y-ST-Z(P			
TITLE		DELETE	4.1		☐ Change	☐ Addition
NAME			4. 2 E			
STREET ADDRESS			4.3 CT ADDRESS			
CITY-ST-ZIP	:		4.4 ST-ZIP			
TITLE		DELETE	5.1		☐ Change	Addition
NAME			5.2 f			
STREET ADDRESS			5.3 S ET ADDRESS			
CITY-ST-ZIP			5.4 C / - ST - ZIP			
TITLE	1	DELETE	6.1 T(.E		Change	Addition
NAME			6.2 NAME			
CTREET ANDRESS	1		6 3 STREET ADDRESS			

CITY-ST-ZIP 14. I do hereby certify that the informat 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 am an officer of director of the co ort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ation 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

OUNTER

200815 16S