

File Now. Filing Fee after May 1 is \$225.00

CORPORATION ANNUAL REPORT 1993 - <i>am</i>				FLORIDA DEPARTMENT OF REVENUE DIVISION OF REVENUE TALLAHASSEE, FLORIDA 32399-0001	
1. Name and Mailing Address of Corporation				DOCUMENT # J13261 (9)	
SUMMA EQUITY CORPORATION 5355 TOWN CENTER RD STE 801 BOCA RATON FL 33486-1092					
If filer is mailing this form, please enter the filing date for the corporation's return.					
FILING FEE \$200.00		ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE			
2. Mailing Address		2a. Principal Place of Business			
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.			
22. City & State		27. City & State			
23. Zip	Country	28. Zip	Country		
24. Zip	Country	29. Zip	Country		
9. Name and Address of Current Registered Agent					
LEVINE, WALTER M. 5355 TOWN CNTR RD #801 BOCA RATON FL 33486					
11. Pursuant to the provisions of Sections 609, 610, 611 and 612, Chapter 68, Laws of Florida, I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am duly qualified to make such certification. I further certify that the corporation has paid the required fees and taxes for the year 1993, and that the corporation is in good standing with the Department of Revenue. I hereby accept the responsibility for the accuracy of the information furnished herein, and I agree to accept the consequences of any false or misleading information furnished herein.					
SIGNATURE <i>Walter M. Levine</i>					
12. OFFICER OR AGENT FOR SERVICE OF PROCESS					
12.1 TITLE	12.2 NAME				
12.3 ADDRESS	12.4 CITY, ST, ZIP				
21. TITLE	22. NAME				
23. ADDRESS	24. CITY, ST, ZIP				
31. TITLE	32. NAME				
33. ADDRESS	34. CITY, ST, ZIP				
41. TITLE	42. NAME				
43. ADDRESS	44. CITY, ST, ZIP				
51. TITLE	52. NAME				
53. ADDRESS	54. CITY, ST, ZIP				
61. TITLE	62. NAME				
63. ADDRESS	64. CITY, ST, ZIP				
14. I certify that the information furnished on this form and the request for supplemental information is true and correct to the best of my knowledge and belief, and I am duly qualified to make such certification. I further certify that the corporation has paid the required fees and taxes for the year 1993, and that the corporation is in good standing with the Department of Revenue. I hereby accept the responsibility for the accuracy of the information furnished herein, and I agree to accept the consequences of any false or misleading information furnished herein.					
SIGNATURE <i>Walter M. Levine</i>					
Print Name of Signing Officer or Director					
<i>Walter M. Levine</i>					
3/20/99					
561 395-4459					

REINSTATEMENT *93-19 B 5/4/99*

05/07/1986 **12/10/1992**

NOT APPLICABLE

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fee

\$138.75 Supplemental Fee Not Required

FL **4/26/99**

05/11/99-01061-020

*****1658.75 ***1658.75**