PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # J55917

1. Corporation Name

SUMMERHAVEN PROPERTIES, INC.

Principal P ace of Business	Mailing Address
2000 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33305-0727	2000 N. ATLANTIC BLVD. FT. LAUDERDALE FL 333/5-0727

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90015 038 ***150.00



FT. LAUDERDALE FL 33305-0727		FT. LAUDERDALE FL 333	FT. LAUDERDALE FL 333/5-0727		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					02/03/1987
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0000720 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of stations Desired Fee Required
City & 5 tat	е	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent
14001	OF OTFOLIANT			81 Nam	me
	SE, STEPHAN L.		<u> </u>	82 Stree	reet Address (P.O. Bo); Number is Not Acceptable)
) N. ATLANTIC BLVD.				
Fï. l	Lauderdale FL 33305			83	
				24	v 85 Zip Code
			-	84 City	FL 85 Zip Code
44 Burniyat	to the provisions of Suctions 607	0500 and 607 1508 Florida Stat	utes the ab	ove-name	med corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the S m familiar with, and accept the ol	tate of Florida. Such change was	authorized	by the col	corporation's board of directors. Thereby accept the appointment as registered
SIGNATURE					
SIGNATORE	Signature, typed or printed name of registere		1E: Registered	Agent signatu	ature required when reinstating) DATE
12.		ANI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TIT	LE	☐ Change ☐ Addition
NAME	KRUSE, STEPHAN L.		1 2 NA	WE	
STREET ADDRESS	2000 N. ATLANTIC BLVD.		13 ST	REET ADDRES	KESS
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CIT	Y-ST-ZIP	
TITLE	DVP	☐ DELETE	2 1 TIT		Change Addition
NAME	KRUSE, JACQUELYN A.		22 NA	ME	
STREET ADDRESS	SARANI ATLANTIC BUILD			REET ADDRES	PESS .
	FT. LAUDERDALE FL			TY-ST-ZIP	
CITY-ST-ZIP	FI. LAUDENDALE FL		3.4 CF		☐ Change ☐ Addition
TITLE		_ October	3.2 NA		_ , _
NAME					
STREET ADDRESS				REET ADDRES	
CITY-ST-ZIP		——————————————————————————————————————		Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TIT		☐ Change ☐ Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 ST	REET ADDRES	RESS
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TIT	LE	☐ Change ☐ Addition
NAME			5.2 NA	ME	
STREET ADORESS			5.3 ST	REET ADDRES	RESS
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	6 1 TIT	LE -	Change Addition
			62 NA	ΜĒ	
NAME				REET ADDRES	RESS
STREET ADDRESS					1100
CITY-ST-ZIP			64 CF	Y-ST-ZIP	

14. I heret y 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 of the eceiver 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 changer, or on a stated ment with all address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR