PROFIT **CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # K05711



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90085 026 ***150.00

	SUMERL	in propert	ies, inc.									-
\vdash	Principal Place	of Business		Má	ailing Address					Athit hinii artii	BIBLI DIBIL (BB)	
Principal Place of Business Mailing Address 5100 87TH ST. E. 5100 87TH ST. E.											•	
BRADENTON FL 34202 BRADENTON FL 34202												
US									DO NOT WRITE IN THIS SPACE			
									 Date Incorporated or Qualified 12/03/1987 			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	A	pplied For	_
21				26					59-2901892	N	ot Applicable	7
Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.75	Additional	
22			· · · · · · · · · · · · · · · · · · ·	27					5. Certificate of Status Desired		equired	1
City & State			27	City & State				6. Election Campaign Financing	\$5.00	May Be	7	
-	<u> </u>			28					Trust Fund Contribution	•	to Fees	
23 Country			Country				Country		This corporation owes the current year Intangible			7
1	¬			29 30			,		Personal Property Tax.	∏ Yes	□No	
2	24		Address of Current I	1=+1	tered Agent	[30]			10. Name and Address of New Registered	Agent		7
\vdash		5. Italile alla	Address of Contone	i vegio	torour rigorit		81	Name				
l	HOG	HOGAN, PATRICK										
5100 87TH ST. E.							82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
BRADENTON FL 34202												
BHADEITION PE 34202												
						84 City		F	85 Zip	Code		
	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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and bit if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											,
	agent. I a	m familiar with, ai	nd accept the obligation	ons or,	Section 607.0505, Flo	nua siaiu	165.			of changing it ointment as r	s registered egistered	
	agent. I ai	m familiar with, ai	nd accept the obligation ted name of registered agent a	ons of,	f applicable. (NOTE	: Registered	165.		when reinstating) DATE			600
	agent. I au SIGNATURE	m familiar with, ai	nd accept the obligation	ons of,	f applicable. (NOTE	: Registered	Agent				ORS IN 12	44,000
	agent. I at SIGNATURE 12.	m familiar with, all	ted name of registered agent a	ons of,	repplicable. (NOTE	: Registered 13.	Agent		when reinstating) DATE	AND DIRECT	ORS IN 12	2 (44,00)
	Agent. I at SIGNATURE 12. TITLE NAME	Signature, typed or prin D HUNT, ROBE	of the obligation of registered agent a OFFICERS AND	ons of,	repplicable. (NOTE	: Registered 13. 1.1 T() 1.2 NA	Agent TLE	t signature required	when reinstating) DATE	AND DIRECT	ORS IN 12	5004 (44/00)
	Agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or prin D HUNT, ROBEI 5100 87TH S	of accept the obligation of registered agent a OFFICERS AND RT A.	ons of,	repplicable. (NOTE	: Registered 13. 1.1 TIT 1.2 NA 1.3 STI	Agent TLE ME REET	t signature required	when reinstating) DATE	AND DIRECT	ORS IN 12	2 (44,00)
	Agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of prin D HUNT, ROBEI 5100 87TH SI BRADENTON	of accept the obligation of registered agent a OFFICERS AND RT A.	ons of,	rapplicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII	Agent TLE ME REET TY-ST	t signature required	when reinstating) DATE	ND DIRECT ☐ Change	ORS IN 12	00100
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition