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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1 19631

181

1. Corporation Name SUMMERS ENTERTAINMENT GROUP, INC.  Principal Place of Business Mailing Address 270 SW 31ST ST FT LAUDERDALE FL 33315  T LAUDERDALE FL 33315								
US US						3. Date incorporated or Qualified   3a. Date of Last Report   09/27/1989   06/27/1996		
<u> </u>	Place of Business		2a. Mailing Address			4. FEI Number 65-0146600	-	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Ap	Suite, Apt. #, etc.			Certificate of Status Desired		.75 Additional
City & Sta	ate	City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be		
<b>23</b> Zip	Country Zip			Countr	Country 8. This corporation has liability for		intangible tax under s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent			30		Florida Statutes  10. Name and Address of New Re	Yes No	
14/		ent Registered Age	)	81	Name	10. Name and Address of New He	distated whelit	
MIGDALL, ALIAN M. 270 SW 31ST ST				82		ress (P.O. Box Number is Not Acceptab	ole) '	
FT LAUDERDALE FL 33315			83	<u> </u>				
				84	City	······································	<b>—</b> 85	Zip Code
11 Durange	t to the exemision of Contone COZ O	E02 and 607 1500 E	Torida Ctatut	an the ope	to named som	poration authorite this statement for the	FL	ning its registered
office or agent 1. SIGNATURE						poration submits this statement for the p tion's board of directors. I hereby accep		nt as registered
12.	Signature hypera or printed name of registered a	ngent and little if applicable	(NOT	E: Registered Ag	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIRE	CTORS IN 12
TIFLE	VSD		DELETE	1.1 TITLE		ADDITIONS/CHARGES TO CITTLE	Ch	
NAME	MIGDALL, ALLAN M.	-		1.2 NAME				
STREET ADDRESS	ATT ALL STATE ATTACK			1.3 STREE	T ADDRESS			)}
City-St-ZiP	FORT LAUDERDALE FL			1.4 CITY-	ST-ZIP			13
THLE	PD DELETE			2.1 TITLE			Ch	nange
NAME	MIGDALL, SUZANNE		22 NAME	İ			ľ	
STREET ADORESS				2.3 STREE	T ADDRESS			
CHY-ST-ZIP	FORT LAUDERDALE FL			2. 4 CITY-	ST-ZIP			
Trifle		E.	DELETE	3.1 TITLE	1		L] Ch	nange Addition
NAME				3.2 NAME				
STREET ADDRESS					T ADDRESS			
CHY-ST-ZP TIFLE			DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		☐ Ch	ange Addition
NAME		L	A DECETE	4. 2 NAME			الل اسے	angle Ti Modicion
}				1	T ADDRESS			1
STREEL ADDRESS CITY+S1-ZIP				4.4 City-				
TIFLE		T	DELETE	5 1 TITLE	01-417		Ch	nange Addition
NAME		_	-	52 NAME	)			
STREET ADORESS				- 1	T ADDRESS			
CITY-ST-ZIP				5.4 CITY-	· · · · · ·			
TITLE		L	DELETE	6.1 TITLE	<del></del>		☐ Ch	nange
NAME				6.2 NAME				ľ
STREET ADDRESS				63 STREE	T ADDRESS			1
CHY-ST-ZIF				6.4 CITY -	ST-ZIP			

SIGNATURE:

14. I do hereby certify that the information supplied with this filling 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 efficer 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 12 if changed, or on an attachment with an address.

**FILED** 

May 08 1997 8:00am

Secretary of State