

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L51520** (9)

1. Corporation Name

SUMMIT SAN DIEGO, INC.



Principal Place of Business

Mailing Address

**325 FIFTH AVENUE
P O BOX 3659
INDIALANTIC FL 32903**

**325 FIFTH AVENUE
P O BOX 3659
INDIALANTIC FL 32903**

3. Date Incorporated or Qualified
02/16/1990

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2994061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOONIN, LARRY
325 FIFTH AVENUE
INDIALANTIC FL FL 32903**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KOONIN, LARRY	
STREET ADDRESS	325 FIFTH AVE	
CITY-STATE-ZIP	INDIALANTIC FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VOLKERT, LEON H.	
STREET ADDRESS	4116 N. OCEAN DR., #700	
CITY-STATE-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	FAUST, CHARLES R.	
STREET ADDRESS	4116 N OCEAN DR., #700	
CITY-STATE-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HENDERSON, CHARISSE A.	
STREET ADDRESS	325 FIFTH AVENUE	
CITY-STATE-ZIP	INDIALANTIC FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENJAMIN, L. J.	
STREET ADDRESS	325 FIFTH AVENUE	
CITY-STATE-ZIP	INDIALANTIC FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GOLLEHON, LINDA	
STREET ADDRESS	4116 N OCEAN DR., #700	
CITY-STATE-ZIP	LAUDERDALE BY THE SEA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

407 225-7500

Date

Daytime Phone #

CR2E034 (12/95)