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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L53087** **(7)**

1. Corporation Name

SUMMIT CHASE FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
21301 POWERLINE RD STE 312 BOCA RATON FL 33433 US	100 NE 4TH AVENUE C/O GARY PHILIP KATYNSKI BOCA RATON FL 33432

3. Date Incorporated or Qualified: **02/23/1990**
3a. Date of Last Report: **08/14/1995**

4. FEI Number: **65-0177842** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4801 W. Linton Blvd	26 4801 W. Linton Blvd
Suite, Apt. #, etc. 22 Suite 4-A	Suite, Apt. #, etc. 27 Suite 4-A
City & State 23 Delray Beach FL	City & State 28 Delray BEACH FL
Zip / Country 24 33445 / 25	Zip / Country 29 33445 / 30

9. Name and Address of Current Registered Agent

KATYNSKI, GARY PHILIP
100 N.E. 4TH AVENUE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if a corporate (NOTE: Registered Agent's signature required when reinstated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATYNSKI, GARY PHILIP 100 NE 4TH AVENUE BOCA RATON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS KATYNSKI, GARY P. 100 N.E. 4TH AVE BOCA RATON FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition President Thomas J. Wylie 1561 S. Congress Ave #255 Delray Beach
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WYLIE, THOMAS J. 1561 S. CONGRESS AVE #255 DELRAY BEACH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition Florida 33445
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KLEIR, KEVIN 4300 S. US 1 #204 A JUPITER FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JANUZZI, DAWN MARIE 4300 S. US 1 #204 A JUPITER FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(x), 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: Gary P. Katynski 4/28/96 407-496-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #