

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # L53087 (7)  
1. Corporation Name  
SUMMIT CHASE FINANCIAL CORPORATION



Principal Place of Business

4801 W LINTON BLVD  
SUITE 4-A  
DELRAY BEACH FL 33445  
US

Mailing Address

4801 W LINTON BLVD  
SUITE 4-A  
DELRAY BEACH FL 33445-6501  
US

2. Principal Place of Business

21 1801 S. FEDERAL HWY  
Suite, Apt. #, etc.

22 SUITE 223

City & State

23 DELRAY BEACH FL

Zip Country

24 33483

25

2a. Mailing Address

26 1801 S. FEDERAL HWY  
Suite, Apt. #, etc.

27 SUITE 223

City & State

28 DELRAY BEACH FL

Zip Country

29 33483

30

3. Date Incorporated or Qualified

02/23/1990

3a. Date of Last Report

05/01/1996

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME KATYNSKI, GARY PHILIP

STREET ADDRESS 100 NE 4TH AVENUE

CITY-ST-ZIP BOCA RATON FL

TITLE P DELETE

NAME WYLIE, THOMAS J

STREET ADDRESS 1561 S CONGRESS AVE #255

CITY-ST-ZIP DELRAY BEACH FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Gary Philip Katynski 4/24/97 2:55 PM

CR2E034 (9/96)