

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90298 026 ***600.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L81413

1. Corporation Name
SUMMIT GROUP OF COMPANIES, INC.

Principal Place of Business
200 S HARBOR CITY BLVD #501
MELBOURNE FL 32901-8389

Mailing Address
200 S HARBOR CITY BLVD #501
MELBOURNE FL 32901-8389



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 25 FIFTH AVE Suite, Apt. #, etc. 22 City & State 23 INDIALANTIC, FL Zip 24 32903 Country 25		2a. Mailing Address 26 25 Fifth Ave Suite, Apt. #, etc. 27 City & State 28 Indialantic, FL Zip 29 32903 Country 30		3. Date Incorporated or Qualified 06/13/1990	
4. FEI Number 59-3041826		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RICHARD PARKER 200 S. HARBOR CITY BLVD. SUITE 501 MELBOURNE FL 32901		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 25 Fifth Ave 83 84 City Indialantic FL 85 Zip Code 32903	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, RICHARD	1.2 NAME	
STREET ADDRESS	200 S HARBOR CITY BL 201	1.3 STREET ADDRESS	25 FIFTH AVE
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, RICHARD	2.2 NAME	
STREET ADDRESS	200 S HARBOR CITY BL 201	2.3 STREET ADDRESS	25 FIFTH AVENUE
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, JOAN	3.2 NAME	
STREET ADDRESS	200 S HARBOR CITY BLVD 501	3.3 STREET ADDRESS	25 FIFTH AVE
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)