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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L96179

1. Corporation Name

SUMMIT GLOBAL PARTNERS OF FLORIDA, INC.

Principal Place	of Business	Mailing Address								
185 NW SPANISH RIVER BLVD		P.O. BOX 811088								
SUITE 170		BOCA RATON FL 33481-1088			DO NOT MIDITE IN THIS SPACE					
BOCA RATON FL 33431		US			DO NOT WRITE IN THIS SPACE					
US						3. Date Incorporated or Qualife 08/28/1990	10			ļ
- Date do 1 DI		2a. Mailing Address				4. FEI Number			Apr	olied For
2. Principal Place of Business		F '			65-0214784			\vdash	Applicable	
21 Suite Ant # sto		Suito Apt # ota			03 02 147 04		•	8.75 A		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Fee Red		
22 · .		City & State							·	
City & State		City & State			6. Election Campaign Financing 35.00 May Be					
23		28	Count	ėm.		Trust Fund Contribution				71 003
Zip	Country	Zip	\neg	u y		This corporation owes the corporation of the corporation owes the corporation of the	urrent ye	ar intangit		□No
24	25		30			10. Name and Address of Nev	. Pogiete			
	9. Name and Address of Current	Registered Agent		31	Name	10. Name and Address of Nev	v Kegisu	neu Agei		
PSHI	EFSKY, RONALD		`	"	Name					
	NW SPANISH RIVER BLVD		[8	32	Street Add	ress (P.O. Box Number is Not Acce	ptable)	•		
SUITE 170		1		_	 	<u> </u>				
				83						
BUC	A RATON FL 33431		1	84	City			FL 85	Zip C	ode
	و بر بر									aistend
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes Florida, Such change was aut	s, the abo thorized b	ove-i	named com	poration submits this statement for ti on's board of directors. I hereby acc	ne purpo: cept the a	se or char appointme	iging its i	registered jistered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statut	es.	va. p	•	•	• •	_	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable.		and title if applicable. (NOTE: F	TE: Registered Agent signature requi		signature require	d when reinstating)	DA`	TE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	OFFICER			
12.	Р .	DIRECTORS DELETE	1.1 TITU			ADDITIONS/CHANGES TO	OFFICER		IRECTO	RS IN 12
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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 of 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 on the receiver or trustee empowered to execute this report as required by Chapter 601, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed prion an attacpment with an address, with all other like empowered.

SIGNATURE:

DALLAS TX 75201