

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92213 (1) 1. Corporation Name SUMMA TECHNICAL INSTITUTE, INC.

Principal Place of Business % JOSEPH. BEAUSEIGNEUR 300 JOHN RODES BLVD. WEST MELBOURNE FL 32904 US	Mailing Address % JOSEPH. BEAUSEIGNEUR 300 JOHN RODES BLVD. WEST MELBOURNE FL 32904 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent JOSEPH, BEAUSEIGNEUR 300 JOHN RODES BLVD. WEST MELBOURNE FL 32904	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDELIS, DRASUTIS	1.2 NAME	
STREET ADDRESS	300 JOHN RODES BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUSEIGNEUR, JOSEPH	2.2 NAME	
STREET ADDRESS	300 JOHN RODES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETRANE, DAVID	3.2 NAME	
STREET ADDRESS	776 COVE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMEL, CAROL ANN	4.2 NAME	
STREET ADDRESS	300 JOHN RODES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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 _____ July 15, 1997 407-727-2265

CR2E034 (4/97)