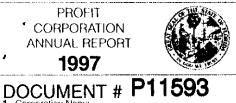
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

. Corporation Name SUMMIT FINANCIAL RESOURCES, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED May 12 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address 4 CAMPUS DR 4 CAMPUS DRIVE PARSIPPANY NJ 07054 PARSIPPANY NJ 07054-4401 US US | | | | | | | | | |
|---|--|--|---|------------------------|---------------|--|---------------------|-------------------|------------|
| | | | | | | 3. Date incorporated or Qualif- 09/29/1986 | ed 3a Date 04/08 | /1996 Re | eport |
| 2. Principal P | flace of Business | 2a. Mailing Ad | dress | | | 4. FELNumber 22-2388369 | | | plied For |
| Suite, Apl | #, elc. | Suite, Apt. | #, etc. | | ···· | 5. Certificate of Status Desired | | \$8.75 A | Additional |
| City & Stat | 0 | Crty & State | • | | | Election Campaign Financir Trust Fund Contribution | ıg 🔲 | \$5.00 Added t | |
| Ζιρ 24 | Country 25 | 25 29 3 | | Country 0 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| | 9. Name and Address of Curre | nt Registered Agen | 1 | | | 10. Name and Address of Nev | v Registered A | jent | |
| | PRENTICE-HALL CORPORATION | N SYSTEM INC. | | 81 | Name | | | | |
| 1201 HAYS STREET SUITE 105 | | | | 82 | Street Addr | dress (P.O. Box Number is Not Acceptable) | | | |
| TAU | AHASSEE FL 32301 | | | 83 | | | | T=- T =:- ; | O. d. |
| | | | | 84 | City | | FL | 85 Zip (| Code |
| office or r | to the provisions of Sections 607.056 registered agent, or both, in the Statum familiar with and accept the oblig structure, typed or period name of registered agents. OFFICERS AN | e of Florida. Such chi gations of, Section 60 | ange was autho 7.0505, Florida (NOTE: Reg | orized by Statutes | the corporat | poration submits this statement for a statemen | ccept the appoint | intment as | registered |
| 1:TEF | STD | | | 1.1 TITLE | | (10011010)0174100010 | | Change | Addition |
| NAM: | STUBBS, FREDERICK R. | <u></u> . | | 1.2 NAME | | | | _ • | |
| STREET ADDRESS | 4 CAMPUS DRIVE | | | 1.3 STREET | ADDRESS | | | | |
| CRY SI-ZiP | PARSIPPANY NJ | | | 1.4 CITY - S | T-ZIP | | | | |
| TILF | PD CTC/TN | | DELETE | 2.1 TITLE | | <u> </u> | | Change | Addition |
| NAME. | WEINMAN, STEVEN 4 CAMPUS DRIVE | | | 2.2 NAME | | • | | | • |
| STREET ADDRESS | PARSIPPANY NJ | | | 2.3 STREET | ADDRESS | | | | |
| C0 Y - S1 - 7.9 | 0 | | u z. diez | 2.4 CITY-5 | ST-ZIP | | | Change | Addition |
| 1:ILF | SALVO, SAL R. | | | 3.1 TITLE | | | L | Change | Addition |
| NAME STREET ADDRESS | 4 CAMPUS DRIVE | | | 3.2 NAME 3.3 STREET | ADDRESS | | | | |
| CHY-\$1-Zet | Parsippany nj | | • | 3.4. City - S | i | | | | |
| lift | D D D D D D D D D D D D D D D D D D D | | | 4.1 TITLE | i | | | Change | Addition |
| NAME. | PAPPADOPOULOUS, JOHN M 4 CAMPUS DRIVE | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | PARSIPPANY NJ | | | 43 STREET | ADDRESS | | | | |
| CHY St 70° | n norrani iv | | | 44 CITY-S | T-ZIP | | | 7 65 | 1 de ditte |
| TILE | SPADA, JOSEPH W | | | 5 1 TITLE | 1 | | L | Change | L Addition |
| NAME GEORGE ADDROGUE | 4 CAMPUS DRIVE | | | 5 2 NAME | *DD0100 | | | | |
| STREET ADDRESS | PARSIPPANY NJ | | | 53 STREET | l | | | | |
| CITY (S.E. ZIP) TIGUE | VP | | | 54 CITY-S 61 TITLE | 1-41 | <u> </u> | | Change | Addition |
| NAME | MCNEER, REMBERT D | | | 62 NAME | | | | - | _ |
| STREET ADDRESS | 4 CAMPUS DRIVE | | | 63 STREET | ADDRESS | | | | |
| 00 Y -\$1 - 70° | PARSIPPANY NJ | | | 6.4 CITY - S | | | | | |
| 14 + clc, hores | by cartly that the information currely | ad with this filing dog | e not qualify for | r the eve | motion etater | d in Section 119 07/3Vi). Florida St. | studes I further | partify 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:

4/24/97

201 285 3600