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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P27444** (9)  
1. Corporation Name  
**SUMMIT INVESTMENT CORPORATION OF CLEARWATER**

Principal Place of Business  
**500 INTERNATIONAL CENTRE  
900 SECOND AVE., SOUTH  
MINNEAPOLIS MN 55402**

Mailing Address  
**500 INTERNATIONAL CENTRE  
900 SECOND AVE., SOUTH  
MINNEAPOLIS MN 55402-3314**



3. Date Incorporated or Qualified **12/27/1989** 3a. Date of Last Report **03/14/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**41-1301243**

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEIM, WILLIS D.  
6604 GLEN ARBOR WAY  
NAPLES FL 33999**

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EXLINE STARR, ANN</b>	
STREET ADDRESS	<b>500 INTERNATIONAL CENTRE</b>	
CITY - ST - ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>PAYMAR, ROBERT H.</b>	
STREET ADDRESS	<b>500 INTERNATIONAL CENTRE</b>	
CITY - ST - ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SEXTON, WILLIAM D.</b>	
STREET ADDRESS	<b>500 INTERNATIONAL CENTRE</b>	
CITY - ST - ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEIM, WILLIS D.</b>	
STREET ADDRESS	<b>500 INTERNATIONAL CENTRE</b>	
CITY - ST - ZIP	<b>MINNEAPOLIS MN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>General Counsel</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Fleming, Joseph D.</b>	
1.3 STREET ADDRESS	<b>500 International Centre</b>	
1.4 CITY - ST - ZIP	<b>Minneapolis, MN 55402</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

612-338-1400

Date

Daytime Phone #

CR2E034 (9/96)