

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90132 050 ***150.00

DOCUMENT # P93000014976

1. Corporation Name
SUMMETRO, INC.



Principal Place of Business

390 N. ORANGE AVE
STE 1100
ORLANDO FL 32801
US

Mailing Address

POST OFFICE BOX 4961
ORLANDO FL 32802-4961
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1993

4. FEI Number

59-3167056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 7575 DR. PHILLIPS BLVD

Suite, Apt. #, etc.

27 SUITE 305

City & State

28 ORLANDO, FL

Zip

Country

29 32819

30

USA

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE
STE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME ASSAF, ASSAF H
STREET ADDRESS 390 NO ORANGE AVE. STE 1100
CITY-STATE-ZIP ORLANDO FL 32801

TITLE P ☐ DELETE

NAME BROWN, DAVID C II
STREET ADDRESS 390 N. ORANGE AVE SUITE 1100
CITY-STATE-ZIP ORLANDO FL 32801

TITLE VP ☐ DELETE

NAME ROSEN, ROBERT T
STREET ADDRESS 390 NO ORANGE AVE STE 1100
CITY-STATE-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME ALLIGOOD, RANDAL M
STREET ADDRESS 390 NO ORANGE AVE. STE 1100
CITY-STATE-ZIP ORLANDO FL

TITLE ST ☐ DELETE

NAME MYERS, JANICE
STREET ADDRESS 390 NO ORANGE AVE. STE 1100
CITY-STATE-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME BROWN, C. DAVID II

2.3 STREET ADDRESS 390 NO ORANGE AVE STE 1100

2.4 CITY-STATE-ZIP ORLANDO FL 32801

3.1 TITLE VP (NOT VP) ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE V (NOT VP) ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

C. DAVID BROWN II PRESIDENT

4/20/99

Date

407-839-4200

Daytime Phone #

CR2E034 (11/98)