

PROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90009 017 \*\*\*300.00

DOCUMENT # P93000063518 ✓

1. Corporation Name

Summerland Enterprises Inc.

Principal Place of Business

Mailing Address

26275 SW 197th Ave  
Homestead Fl 33031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-7-93

2. Principal Place of Business

2a. Mailing Address

21 26275 SW 197th Ave

26 26275 SW 197th Ave

4. FEI Number

65-0615576

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

27 City & State

23 Homestead Fl

28 Homestead Fl

24 Zip Country

29 Zip Country

24 33031 25 USA

29 33031 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John K. Peek  
26275 SW 197th Ave  
Homestead Fl 33031

81 Name MARK Roberts

82 Street Address (P.O. Box Number is Not Acceptable)  
1509 DODD ROAD

83

84 City WINTER PARK FL 85 Zip Code 32792

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)

4/30/99 DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE President/Secretary  DELETE  
NAME JOHN K. Peek  
STREET ADDRESS 26275 SW 197th Ave  
CITY-ST-ZIP HOMESTEAD FL 33031

13. 1.1 TITLE President/Secretary  Change  Addition  
1.2 NAME MARK ROBERTS  
1.3 STREET ADDRESS 1509 DODD ROAD  
1.4 CITY-ST-ZIP WINTER PARK FL 32792

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 305-248-6323 DATE Daytime Phone #

CR2E034 (11/98)