

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 14 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000033703 (7)

1. Corporation Name

SUMMIT HOTEL LEASING, INC.

Principal Place of Business

**325 5TH AVE
INDIALANTIC FL 32903**

Mailing Address

**325 5TH AVE
INDIALANTIC FL 32903**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3251477

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

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

Zip

24

Country

25

Zip

29

Country

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

**KOONIN, LAUREN B
325 5TH AVE
INDIALANTIC FL 32903**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KOONIN, LAUREN B**
STREET ADDRESS **325 5TH AVE**
CITY-ST-ZIP **INDIALANTIC FL 32903**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **VP/D** Change Addition
2.2 NAME **Charles R. Faust**
2.3 STREET ADDRESS **4116 N. OCEAN DR. #700**
2.4 CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **VP/D** Change Addition
3.2 NAME **C. Wayne Thompson**
3.3 STREET ADDRESS **325 FIFTH AVE.**
3.4 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **SIT/D** Change Addition
4.2 NAME **Leon H. Volkert**
4.3 STREET ADDRESS **4116 N. OCEAN DR. #700**
4.4 CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **A/S** Change Addition
5.2 NAME **Charisse A. Henderson**
5.3 STREET ADDRESS **325 FIFTH AVE.**
5.4 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Lauren B. Koonin **LAUREN B. KOONIN**

2-9-95 407 725-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)