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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

19.07(3)(i), Florida Statutes. I further certify that the shall have the same legal effect as if made under oath; that by Chapter 607, Florida Statutes; and that my name

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500007939 (8)

SUMMIT ORCHESTRAL SOCIETY, INC.

Principal Place of Business		Mailing Address) idainkai nim taiat gisti ektit seits oni) (COLLEGY THE LOUGH ABUSE BELLE ABUSE ORIGIN BALLE BALLE LOUGH FRISH STUDIES FRISH STUDIES FRISH STUDIES FRI			
1860 CLEARBROOKE DRIVE CLEARWATER FL 34620		12 CLEARWATER MALL STE. 232 CLEARWATER FL 34824-7301								
					3. Date Incorporated or Qualified 01/31/1995 3a. Date of Last Report 12/18/1996					
2, Principal I	Place of Business	2a. Mailing Address			4, FEI Number 59-3291884		<u> </u>	oplied For of Applicable		
Surte, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Decired S8.75 Additional					
22		27				5. Certificate of Status Desired			poulred	
City & Sta	ite	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23 Zip	Country	28 Z _(P)	Co	untry		Trust Fund Contribution				
24	25	29	30			This corporation has liability for Florida Statutes	Tintangibit			
=.:. 1	9. Name and Address of Currer		1001			10. Name and Address of New F				
	EGEL, P.A., LAWRENCE J			81	Name					
	ALMERIA AVENUE		1	82	Street Ad	dress (P.O. Box Number is Not Accept	able)			
COF	RAL GABLES FL 33134					· · · · · · · · · · · · · · · · · · ·	, 			
		•		83						
				84	City	:	FL	85 Zip	Code	
office or	registered agont, or both, in the State	ol Fiorida. Such change was	authorize	ed by	/ the corpor	rporation submits this statement for the ation's board of directors. I hereby acc	purpose o	f changing it pointment as	ts registered registered	
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Sta	tutes	5.				_	
SIGNATURE	Signative ityped or printed name of registered age	and ano title if applicable (NO)	E: Registere	ed Age	ent signature reg	julred when reinstaling)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12	
THEF	P	DELETE	1,1 ¹ T	ITLE	٠.	s i		Change	Addition	
NAME	PRINGLE, WILLIAM H		1.2 N	AME		•				
STREET ADDRESS			1.3 S	TREET	ADDRESS	· 1				
City-St 7IP	CLEARWATER FL 34620	DELETE			IT-ZIP			Channa	Addition	
THE		□ necese	2.1 7	ILLE IAME	,	s .		Change	Addition	
NAME STREET ADDRESS				14	ADORESS					
C:TY - ST - ZiP	·			1	ST-ZIP					
TITLE		DELETE	3.1 T		91-AII	į l		Change	Addition	
NAME:			3.2 N	IAME		•		_		
STREET ADDRESS	,		. 3.3 \$	TREET	ADDRESS					
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THLE		☐ DELETE	, 14,1 T			•		Change	■ Addition	
NAME				NAME						
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NAMÉ			5.2 N	•		•				
STREET ADDRESS			٠,		ADORESS					
C-TY - ST - ZIP			-		ST-ZIP					
BULLE		☐ DELETE	6.1 T			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME:			6.2 N	IAME						
STREET ADDRESS	ş		6.3 S	TREET	ADDRESS					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated is section information indicated on this annual report or supplemental annual report, is true and accurate and that my signature.