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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #  1. Corporation Name	P95000087377	(4)
SUMMERLAND HOM	IES, INC.	

Mailing Address Principal Place of Business 5401 KIRKMAN 5401 KIRKMAN SUITE 725 SUITE 725 ORLANDO FL 32819 3a. Date of Last Report ORLANDO FL 32819 3. Date incorporated or Qualified tirst 11/14/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zio Ζφ ¥ Yes □ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KHATIB, RASHID A 82 5401 KIRKMAN 83 **SUITE 725** Zip Code 85 ORLANDO FL 32819 84 City 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. July Regulars Against agration reproduction resident SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1 1 1011.8 TITLE 1.2 NAME KHOURI, ZAHI W 13 STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 725 STREET ADDRESS 1.4 City - ST - 2IP ORLANDO FL 32819 Addition CITY-ST-ZIP Change DELETE 2 1 T'TLE TITLE 2.2 NAME KHATIB, RASHID A NAME 2.3 STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 725 STREET ADDRESS 2.4 CHY - S1 - ZIP ORLANDO FL 32819 CHTY-ST-ZIP Change Addition DELETE 3 1 T:TLE TITLE JAMMAL, S. E. NAME 3.3 STREET ADOPESS 5401 KIRKMAN ROAD, SUITE 725 STREET ADDRESS 3.4 CiTY - ST - 7IP ORLANDO FL 32819 ☐ Addition CITY-ST-ZIP ☐ Change CELETE 4 1 THUE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Addition CITY-ST-7IP ☐ Change DELETE 5 1 Till.6 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST-ZP CITY-S1-ZP Addition Change [] DELETE 6 1 TITLE

TITLE

NAME

STREET ADDRESS

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 119.07(3)(k). 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 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 certify 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 AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

Reshid A. Khatik 4-3-91 407-354-2200

Dather Product

6.2 NAME

6.3 STHEFT AUDRESS

64 CITY ST-ZIP