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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000013902 (7)

SUMMIT REALTY & MANAGEMENT, INC.

1171 SAWGRASS DRIVE GULF BREEZE FL 32561 SS91 2. Principial Pace of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified Q2/07/1996 3. Date incorporated or Qualified Q2/07/1996 3. Date of Last Report Q2/07/1996 3. Date incorporated or Qualified Q2/07/1996 3. Date of Last Report Q2/07/1996 3. FEI Number Applied For Not Applied For Pace of Business 2. Suite, Aprl #, etc. 2. Suite, Aprl #, etc. 2. Suite, Aprl #, etc. 2. Clip & State 2. Report Q2/07/1996 3. Certificate of Status Desired Status Desired Fee Required Fee Required Fee Required Applied For Not For For Not Added to Fees 3. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Per Not Address of Not Acceptable Press Not Acceptable) 3. Name and Address of Current Registered Agent 4. City FL 88 Zip Code
2. Principal Pace of Business
28. Mailing Address 28. Mailing Address 28. Mailing Address 28. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. City & State 22. State 23. City & State 24. City & State 25. Country 26. Election Campaign Financing Trust Fund Contribution 27. Country 27. Country 28. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 29. No 20. Name and Address of Current Registered Agent 29. Name and Address of New Registered Agent 29. Name and Address of New Registered Agent 29. Name and Address of New Registered Agent 29. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable) 29. Street Address (P.O. Box Number is Not Acceptable) 30. 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 31. State of the provisions of Sections of registered agent and and accept the obligations of, Section 607.0505, Florida Statutes. 32. State of the provisions of sections of registered agent and and accept the obligations of, Section 607.0505, Florida Statutes. 33. State of the provisions of registered agent and the disapplicable (NOTE Registered Agent signature required when reinstaling). 34. Date of the provisions of registered agent and the disapplicable (NOTE Registered Agent signature required when reinstaling). 35. Date of the provisions of registered agent and the disapplicable (NOTE Registered Agent signature required when reinstaling).
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Signatures Signatures
City & State Country Zip Zip Country Zip Zip Zip No Name and Address of New Registered Agent Name 1171 SAWGRASS DRIVE GULF BREEZE FL 32561 82 Street Address (P.O. Box Number is Not Acceptable) 83 Virel Address (P.O. Box Number is Not Acceptable) 84 City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Signature in the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent. Virely Country Special Statules. Signature Signature powered when reinsteling) DATE
City & State Country Country Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Florida Statutes No Name and Address of New Registered Agent O'DONNELL, LAURA M 1171 SAWGRASS DRIVE GULF BREEZE FL 32561 B3 City FL B5 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 register 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 required when reinstating) DATE
Zip Country Zip Country S. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No
9. Name and Address of Current Registered Agent O'DONNELL, LAURA M 1171 SAWGRASS DRIVE GULF BREEZE FL 32561 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 register 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 Solvent Address (P.O. Box Number is Not Acceptable) Registered Agent signature required when reinstating) DATE
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So you are injury or printed many of registroop agent and one if applicable (NOTE: Registered Agent signature recovered when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TRILE DELETE 1.1 TITLE Change Addit
HAME O'DONNELL, LAURA M 12 NAME
STREET ADDRESS 1171 SAWGRASS DRIVE 1.3 STREET ADDRESS
CITY-ST-ZIP GULF BREEZE FL 32561 1.4 CITY-ST-ZIP
TILLE DELETE 21 TITLE Change Addit
NAME 2.2 NAME
STREET ADDRESS
2 4 CITY - \$1 - 21 th
DILF DELETE 31 TITLE Change Addit
NAME 32 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CHY-SL-DE 3.4 CHY-ST-ZIP

6.4 CITY-ST-ZIP 14. If do nereby 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 cert fy 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

4.1 TITLE 4. 2 NAME

5.1 TITLE

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE:

NAME STREET ADDRESS

TIT.F

TITLE NAME

011 - S1 - ZIP

STREET ADDRESS

STREET ADDRESS

City - St - 7/2

CITY-ST 2P

ell LAURA MO'DONNEUL 4-18

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 25 1997 8:00am

Secretary of State