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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

## DOCUMENT # P96000029353 (5)

SUMMIT ORCHESTRA & SINGERS, INC.

## FILED May 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			- I TERRINGEN NYA TANTA MININ MUNIN MANIN MANIN MENIN MENIN MUNIN MUNIN MUNIN MUNIN MUNIN MUNIN MUNIN MUNIN MENIN	
1880 CLEARBROOKE DRIVE CLEARWATER FL 34820	12 CLEARWATER MALL S CLEARWATER FL 34624-73			
			3, Date Incorporated or Qualified 04/04/1996	3a. Date of Last Report
2. Principal Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21	26	<del></del>	59-337049	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		• Floring Consults Floring	
23	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip	Country	8. This corporation has liability for	
24 25	29	30		☐ Yes ☐ No 🔞
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Ro	agistered Agent
AMERILAYER CHARTERED		81 Nam	" ROBERT A. D	UFOUR
343 ALMERIA AVE		82 Stre	et Address (P.O. Box Number is Not Accepta	ble)
CORAL GABLES FL 33134				
		83 2	2108 CENTERVIEW	CT, S.
		84 City	CLEARWATER	85 Zip Code
44 Purpused to the provisioneral Sections 607.0	02 and 607 1609. Florida Statu	too the shows nom	ad proportion submits the statement for the	
11. Pursuant to the provisione of Sections 607.0 office or registered each, or both, in the sta	le of Florida. Such change was	authorized by the c	ed corporation submits this statement for the corporation's board of directors. I hereby accorporation	porpose of changing its registered ppt the appointment as registered
// / / .		orida Statulea		İ
SIGNATURE Signature Typed or printed name of registered in	gont and trile if applicable (NO	IL Fingistered Agent's one	lure required when reinstating)	DATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE PSTD	DECETE	1.1 THLE	ncimp	Change Addition
NAME PRINGLES, WILLIAM H		1.2 NAME	PSTD PRINGLE, WILLIAM H.	
STREET ADDRESS 1860 CLEARBROOKE DRIVE		1.3 STREET ADORES	S	13
CITY-ST-ZIP CLEARWATER FL 34620		1.4 CITY-\$1-ZIP	1860 CLEARBROOKE D	·A
TITLE	☐ DEL€1E	2.1 TITLE	CDEARWAIER, FL 3402	Change L Addition
NAME		2.2 NAME		ľ
STREET ADDRESS		2.3 STREET ADDRES	SS :	
CITY-ST-ZIP	T per ex	2 4 CHY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		L_ Change L_ Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRES	SS	
CITY-ST-ZIP TITLE	DELETE	3.4, CITY - ST - ZIP 4.1 TITLE		Change Addition
		1	}	Ly onenge Ly Addition
NAME CTREET ADDRESS		4, 2 NAME 4,3 STREFT ADDRES		
STREET ADDRESS			55	1
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - S1 - ZIP 5 1 TITLE		Change Addition
NAME		5 2 INAME		
STREET ADDRESS		5.3 STREET ADDRES	22	j
CITY-ST-ZIP		5.4 CiTY - ST - ZiP	~	1
TITLE	DELETE	6.1 THLE		☐ Change ☐ Addition
NAME	<del></del>	6.2 NAME		
STREET ADDRESS		6.3 STREET ADORES	ss I	
City-St-ZiP		6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supp	ied with this filling does not and		n stated in Section 119.07(3)(i). Florida Statuti	es. I further certify that the

information indicated on Ms annual report or supplemental about the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustic empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of block 13 # changed, or on a ratio much made with an address.