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 CORPORATIONS

DOCUMENT # P96000029843 (5)

SUMMIT MARKETING & PUBLIC RELATIONS, INC.

Principal Place of Business

Mailing Address

ENG WEST DEMODENT BOAD

676 WEST PROSPECT ROAD

FILED Apr 29 1997 8:00am Secretary of State



FORT LAUDERDALE FL 33309		FORT LAUDERDALE FL 33309-3949						
					3. Date Incorporated or Qualified 04/05/1996	3a. Date	of Last Re	port
	lace of Business	2a. Mailing Address		M 1	4. FEI Number	<u>,</u>	Αp	plied For
21 1900 Glades Rd. 26 1900 G/a			des	Rd.	65-0655813	5	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 #2.40					5. Certificate of Status Desired		\$8.75 A	
City & State City & State City & State 23 BOC & Bafon F/a. 28 BOC & Bar			ton Fla.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 334	43/ 25 11.5.A.	Zip 33 43 / 30	Countr	5.A	8. This corporation has liability for it Florida Statutes -	tangible ta Yes		199 032,
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Res	platered Aç	ent	
	RPORATION SERVICE COMPANY		81	Name				ļ
1201 HAYS STREET			82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301								
			83	']				
			84	City	**************************************	FL	B5 Zip C	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								
	Sugrature: Typed or priorition name of registered agent			jent signature req	ulred when reinstating)	DATE	IDEO TO D	0.111.40
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	S IN 12
THE	President		1.1 TITLE			_	Ti cusuñe	□ ×coccon
NAME OTOLO ADDOCUMENT	1080 C/2 /2 6/ 3	42.40	1.2 NAME					
STREET ADDRESS	Anna Maria	22/12/	8	TADDRESS				ł
City -S1 - ZiP Title	BUCAMATON, Fla			ST-ZIP			Change	Addition
11:		- Dtreve	2.1 TITLE 2.2 NAME	1		L	T Guantic	
NAME STREET ADDRESS				T ADDRESS				
CITY-ST ZIP	-		2.4 CITY			¥ 2.		
TITLE			3.1 TITLE	31-211			Change	Addition
NAME		3.2 N					•	
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY -ST - ZiP			3 4. CITY-	ST-ZIP				
TITLE			4 1 TITLE			L	Change	Addition
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				1
C(TY+ST-ZIP			4.4 CITY-	ST-21P				
TITLE		☐ DELETE	5.1 TITLE			L	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY - ST - ZIP			5.4 CITY-				T Av	
TITLE		DELETE	6.1 TITLE	ì		L	_) Change	Addition
NAME.			6.2 NAME	1				
\$16561 ADDRESS			6.3 STREE	T ADDRESS				
C(IY-SI-ZII)	by cortify that the information supplied	with this fitting does not qualify	6.4 CITY-		ed in Section 119 07/3/6\ Florida Statuto	1 further	ertify that	the
14. I do hereby 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 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 shanged, or on an attachment with an address.								
SIGNATURE: SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR OFFICE								