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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061550

1. Corporation Name

SUMMIT MARKETING, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90123 026 ***150.00



r illiçipal i laç	e of Business	Mailing Address			- I INDIANO ANTO ANTO ANTO ANTO ANTO ANTO ANTO A	DELIN BRIDE HEAD	MILMS Actit MBCI (SAC)
12000 C ME 000		-					
17363 S.W. 267TH LANE HOMESTEAD FL 33031		17363 S.W. 267TH LANE HOMESTEAD FL 33031		DO NOT WINTER IN T	un ontor		
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 07/23/1996		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		0000007		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22 -		27					Required
City & Stat	te , i	City & State			6. Election Campaign Financing		00 May Be
23		28	C		Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible Yes	□No
24	9. Name and Address of Curren		30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Currer	it Kegisterad Agent		81 Name	10. Italie and Address of New Negister	eu Agent	
LUN	D, L. ALAN			- Name			
17363 S.W. 267TH LANE			ļ	82 Street Add	dress (P.O. Box Number is Not Acceptable)		Ì
HOMESTEAD FL 33031			}	83			
				84 City	ŕ	- L 85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	ove-named cor	poration submits this statement for the purpose	of changing	g its registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized ida Statu	by the corporat ites.	ion's board of directors. I hereby accept the ap	pointment a	s registered
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable /NOTE:	Registered	Agent signature requir	red when reinstating) DATE		
12.	ND DIRECTORS	13.	Agent orgination rodge	ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12	
	,	2 2.1.20.0.10					
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TITLE NAME	DP Lund. L. Alan	☐ DELETE	ı	ļ		Char	nge
NAME	LUND, L. ALAN	□ DELETE	1.2 NA	ME		Char	nge
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NAME	LUND, L. ALAN 17363 S.W. 267TH LANE HOMESTEAD FL	☐ DELETE	1.2 NA	ME REET ADDRESS Y-ST-ZIP		☐ Char	
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14. I 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 chapted, or on an attachment with an address, with all other like empowered.