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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000092408

1. Corporation Name

SUMMIT INVESTORS, CORP.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90110 002 \*\*\*150.00



Principal Place	e of Business	Mailing Address				
	Y DRIVE SUITE 300	1700 UNIVERSITY DRIVE SUITE 300				
CORAL SPRINGS	S FL 33071	CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					10/28/1997	
2 Principal Pla	ace of Business	2a, Mailing Address			4 FEI Number Applied For	
21 10139	N(1) 313+St.	26 10139 NW 3151 5F.		St	65-0793684 Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22 Suit	c 101	27 Swfe 101			5. Certificate of Status Desired	
City & State		City & State		بسيد	6. Election Campaign Financing \$5.00 May Be	
23 COY	a Springs, FL	28 Coral Springs, FL		, FL	Trust Fund Contribution Added to Fees	
Zip aa	Country	Zip	Country		This corporation owes the current year Intangible	
24 330	25	29 35065 30			Personal Property Tax.   ☐ Yes ☐ No	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
0150	ELAUB, STEVEN S		81	Name <	Siegelaub, Steven S.	
		82	Street A	Address (P.Q. Box Number is Not Acceptable)		
	UNIVERSITY DRIVE SUITE 300			1	""[0]39 N.W. 3]3 St. # 101	
COR	AL SPRINGS FL 33071		83		·	
			84	City 🔿	Parcal Socians B5 Zip Code	
					.01 apr 1143 FL   33065	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e above	-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
office or re agent. Lar	egistered agent, or both, in the State o m familiar with, and accept the obligation	or Florida, Such change was author ons of, Section 607.0505, Florida S	ized by Statutes.	trie corpor	oration's board of directors. Thereby accept the appointment as regional	
		1000			3/1/99	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	tered Agen	t signature red	equired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE	Р		.1 TITLE	. ا	Change Addition	
NAME	SEIGELAUB, STEVEN S		1.2 NAME	ļ.	Siegelaub, Steven S. 10139 N.W. 31st St. #101	
STREET ADDRESS	1700 UNIVERSITY DR, #300	1	3 STREET	ADDRESS	Coral Springs, FL 33065	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-S1	·ZIP		
TITLE		_	2.1 TITLE		Change Addition	
NAME		2	2.2 NAME			
STREET ADDRESS		2	2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	T-ZIP		
TITLE		☐ DELETÉ 3	3.1 TITLE	-	Change Addition	
NAME		13	3.2 NAME		,	
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME		4	4. 2 NAME		_	
STREET ADDRESS		4	4.3 STREET	ADDRESS	,	
CITY-ST-ZIP		· —	4.4 CITY- S	r-ZIP		
TITLE			5.1 TITLE		Change Addition	
NAME		1	5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP		
TITLE	<del></del> :		5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP