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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90096 007 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106107

1. Corporation Name
SUMMIT CAPITAL CORP.

Principal Place of Business
4404 - 14TH AVENUE EAST
BRADENTON FL 34208

Mailing Address
4404 - 14TH AVENUE EAST
BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5425 Park Central Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 551
Suite, Apt. #, etc.

22 City & State
Naples, FL

23 Zip
34109

Country

27 City & State
Naples, FL

28 Zip
34106

Country

9. Name and Address of Current Registered Agent

Laurie, John C
4404 - 14TH AVENUE EAST
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81 Name Ludwig J. Abruzzo
82 Street Address (P.O. Box Number is Not Acceptable)
5425 Park Central Court
83
84 City Naples FL 85 Zip Code 34109

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME LAURIE, JOHN C
STREET ADDRESS 4404 - 14TH AVENUE EAST
CITY-ST-ZIP BRADENTON FL 34208
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME J.E. Olah
1.3 STREET ADDRESS P.O. Box 551
1.4 CITY-ST-ZIP Naples, FL 34106
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

J.E. Olah, Director

Date

Daytime Phone #

4/29/99

941-774-2112

CR2E034 (11/98)