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 # P98000009164

SUMMUS, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90030 044 ***150.00



Principal Place	of Business	Mailing Address				
3049 NE 20 AVE 3049 NE 20 AVE						
FT LAUDERDALE	E FL 33306	FT LAUDERDALE FL 33306	FT LAUDERDALE FL 33306			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						01/29/1998
A Principal Of	ace of Business	2a Mailing Address	2a. Mailing Address			Applied For
<u> </u>	ace of business	— ·	26			4. FEI NUMBER Applied For Not Applied For Not Applied For
21 Suite, Apt. #	t ptc		Suite, Apt. #, etc.			\$8.75 Additional
22	7, 80.	^^	27			5. Certificate of Status Desired Fee Required
City & State	······	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip Country		Zip				8. This corporation owes the current year Intangible
24	25	29	30	_		Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
			ļ:	81	Name	
	IO, VINCENT J		<u> </u>	82 Street Addre		ess (P.O. Box Number is Not Acceptable)
	NE 20 AVE					
FT L	NUDERDALE FL 33306		[1	83		
			-	84	City	85 Zip Code
			Ì	ľ	•	pration submits this statement for the purpose of changing its registered
agent. I ar	n familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statu	tes.	signature required	when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. 12 OFFICERS AND DIRECTORS			13.		aignature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	·	☐ DELETE				
NAME			1.2 NAM	ΛE	VII	NCENT J. SPANO O 49 NE 20 TO AVE. -T. LAUDERDALE, PL 33306
STREET ADDRESS			1.3 STE	RESTA	ADDRESS 3	049 NE 20 MAVE.
CITY-ST-ZIP			1,4 CIT		ZIP F	=T. LAUSERDALE, PL 33306
TITLE		☐ DELETE	2.1 TITL			☐ Change ☐ Addition
NAME			2.2 NA	2 NAME		
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS		
CITY-ST-ZIP -	na . 4-2-,		- 2.4 CIT	CITY-ST-ZIP ~		<u>-</u>
TITLE		☐ DELETE	3.1 TITL	LE		Change Addition
NAME			3.2 NA	VΕ)	
STREET ADDRESS			3.3 STF	REETA	ADDRESS	ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		-ZIP	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	REETA	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZìP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS			5.3 STF	REET	ADDRESS	
CITY-ST-ZIP	·		5.4 CIT		ZIP	
TITLE	☐ DELETE		6.1 TITI	1 TITLE		☐ Change ☐ Addition
NAME			6.2 NA]	
STREET ADDRESS			6.3 STF	REETA	ADDRESS	
CITY-ST-ZIP			6.4 CIT			
	adiffethat the information aunalised	with this filing does not qualify for	the even	nntio	n stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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 informatio 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 distance 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 a fladdress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

954-561-339