


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90075 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P98000059697 1. Corporation Name SUMMIT COMMERCIAL REAL ESTATE, INC.																													
Principal Place of Business 1175 NORTHWEST 17TH AVENUE DELRAY BEACH FL 33445			Mailing Address 1175 NORTHWEST 17TH AVENUE DELRAY BEACH FL 33445																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/07/1998 4. FEI Number 65-0847578 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 81 Name GERLINDE HOFER 82 Street Address (P.O. Box Number is Not Acceptable) 1175 NW 17th AVE 83 84 City DELRAY BEACH FL 85 Zip Code 33445																										
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 <i>Gerlinde Hofer</i> DATE 4/28/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PSTD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HOFFER, GERLINDE E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1175 NORTHWEST 17TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH FL 33445</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> DELETE	NAME	HOFFER, GERLINDE E		STREET ADDRESS	1175 NORTHWEST 17TH AVENUE		CITY-ST-ZIP	DELRAY BEACH FL 33445		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Gerlinde Hofer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)