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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEP/JRTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

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4 Camanalian Mana	

1. Corporatio	n Name								
SUMMER	I IMAGE INC.								-
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Principal Plac	e of Business	Mailing Address				. FUNDING HELD NOTES INTO MASSES ORS IN DAILER IND	ır málti ümtim imisi i	nen (éni keni	
7451-20 103R) ST. 7451-20 103RD ST.									
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	- GFAOL		7
}						11/30/1998			
2. Principal Place of Business Za. Mailing Address						4. FEI Number 2 C C Applied For			
21 26						1 59 -355401U	1 1	ot Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	A Iditional	1
22		27				5. Ceruic ite oi Status Desireu	Fee Re	ec uired	1
City & Stat	•	City & State			<del></del>	_6_ Election Campaign Financing		May.Be	-
23	·	28				Trust Fund Contribution Added to Fees			
Zip	Courty Zip			Country		8. This corporation owes the current year intangible Person al Property Tax			
24	25 29 30					Persor at Property Tax.  10. Name and Address of New Register		17140	┨
<b></b> -	9. Name and Address of Curre	ut Kadistalan Maur		B1	Name	TO, Marie and Address of Hor Register	<u> </u>		1
BART	TH, TRACY		ļ.						4
	20 103RD ST.			82	Street Acdre	ss (P.O. Box Number is Not Acceptable)			1
JACK	SONVILLE FL 32210		J.	83					1
<u> </u>			ļ.	84	City		. 85 Zip (	Code	┨
					•	F	LI		
11. Pursuent	to the provisions of Sections 607.050	02 and 607.1508, Florida State	ies, the ab	OV8	named corpor	ration submits this statement for the purpose i's board of cirectors. I hereby accept the ap	of changing its	r agistered o-stered	
agent, la	im familiar with, and a cept the obliga	ations of Section 607.0505, FI	orlda Statul	les.	ne corporessi			•	1
SIGNATUFE	Jeary Fran					S CATE	10.99		١.
12.	Signature, typed or printed to the of registered age	nt and title if applicable. (NOT NO DIRECTORS	i: Registered A	Agent :	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	F:S IN 12	100
TITLE	Dresident	DELETE	1.1 TITL			7,001,110,100,100	Change	Addition	-
NAME	Tracy Barth		1.2 NAME		1				3
STREET ADDRESS	azzliana	or E.	1.3 STR	EETA	ADDRESS :				200
CITY-ST-ZIP	Tocksonville	, f1 22246	1.4 Cm	y-ST-	ZIP				] £
TITLE	Vice presiden	C DELETE	2.1 TITL	.E			Change	Addition	١٠
NAME	Jack Barth & 121		2.2 NAV	Æ	İ				1
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- TITLE		DELETE	3,5 TITL				Change	Addition	
NAME			3.2 NAW			<del></del>	•		1
- STREET ADDRE 33		ــــــ رديد ه			NDORESS				1-
TITLE		☐ DELETE	3.4. CFT 4.1 TITL		-DP		Change	Addition	1
NAME			4,2 NA				_ ,		1.
STREET ADDRESS					NDORESS				1
CITY-ST-ZIP			4.4 CITY		l				
TITLE		☐ DELETE	5.1 Til.				Change	Addition	}
NAME	/		52 NAW						
STREET ADDRESS			5.3 STR	EETA	ADORESS				
CRY-ST-ZIP	<u> </u>		5.4 C/TY		ZIP		- <del></del>		1
TITLE		☐ DELETE	8 1 TITL				Change	Addition	1
NAME			6.2 NAM			•			1
STREET ADDRESS					LOORESS				
CITY-ST-ZIP	<b>\</b>		8.4 CITY	/- ST-	ZIP				J

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated it. 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 asceute this report as recuired 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:

SIGNATURE AND TYPED ON PROPERTY OF SIGNATURE OF PICTURE OF DIRECTOR

3.10.99

Daytime Phone #