

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V37230** (2)
1. Corporation Name
SUMMIT RACK SYSTEMS, INC.



Principal Place of Business 8100 PARK BOULEVARD BLDG. 1, SUITE 46 PINELLAS PARK FL 34665-3778 US	Mailing Address 8100 PARK BOULEVARD BLDG. 1, SUITE 46 PINELLAS PARK FL 33781-3778 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33781-3778	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 3
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3. Date Incorporated or Qualified 05/15/1992	3a. Date of Last Report 06/19/1996
4. FEI Number 59-3124802	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NIXON AND NIXON 25 DAVIS BLVD. TAMPA FL 33606	10. Name and Address of New Registered Agent 81 Name Stephen Wright No SKW 82 Street Address (P.O. Box Number is Not Acceptable) SAME AS BEFORE 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PST <input checked="" type="checkbox"/> DELETE
NAME	LAWTON, EDWIN L
STREET ADDRESS	2322 VILLAGE GREEN BLVD.
CITY-ST-ZIP	PLANT CITY FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, STEPHEN
STREET ADDRESS	8100 PARK BOULEVARD, BLDG 1, SUITE 46
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen Wright
1.3 STREET ADDRESS	8100 Park Blvd. BLDG. A SUITE 46
1.4 CITY-ST-ZIP	Pinellas Park, FL 33781-3778
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE:  **22-APR-97 (813)547-8867**
DATE: _____ DAY: _____ PHONE: _____

CR2E034 (9/96)