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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996		DIVISI	ION OF CORPO	JHATIONS			
OCUN - Corporation	/ENT #	V4348	7 ((0)				
SUMMER HOLDINGS, INC.								
rincipal Place	of Business		Mading Address				1861 BION BION BIA	(; #1411 BIBII BIBII IBBI
321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480						
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- Principal Pla 	ce of Business		2a. Mailing Addre	85 5		4. FEI Number 65-0348588		Applied For Not Applicable
Suite, Apt.#	, etc.		Suite, Apt. #,	, etc.		Certificate of Status Desired	□ \$	8.75 Additional
Oity & State			City & State			6. Election Campaign Financing	-	Fee Required
City & Citile			28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ	F	ountry	Žiρ	— ⊢	Country	8. This corporation has liability for		nder s. 199.032,
	25 9. Name and A	Address of Currer	[29] nt Registered Agent	[30]		Florida Statutes Yes 10. Name and Address of New R	No legistered Age	nt
					81 Name			
MAAS, R					82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	AL POINCIANA				83			
PALM BE	EACH FL 33480							•
					84 City		FL 8	5 Zip Code
 Purspant ta or registere familiar witi 	o the provisions of ed agent, or both, i n, and accept the c	Sections 607,0502 in the State of Flori obligations of, Sect	2 and 607.1508, Florida ida: Such change was a tion 607.0505, Florida S	a Statutes, the a authorized by th Statutes.	above-named corpo le corporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the appr	rpose of changir ointment as regi	ig its registered official stered agent. I am
or registere familiar with GNATURE	ed agent, or both, in and accept the object on bedsepting the case of the case	in the State of Flori obligations of, Sect mane draphed aged	ida Such change was a tion 607.0505, Florida \$ assume taget site. ID DIRECTORS	authorized by th Statutes. (NOTE Bagiste	e corporation's boarded Agent signature require 3.	ard of directors. I hereby accept the appr	DATE DERS AND DIF	stered agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214-520-8797 Dayling Proper