

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR - 7 AM 5: 58

DOCUMENT # **V73755** (3)
1. Corporation Name
SUMMARY CO.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~508 NORTH DIXIE HIGHWAY~~
~~LANTANA FL 33462~~ ~~508 NORTH DIXIE HIGHWAY~~
~~LANTANA FL 33462~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/21/1992** 3a. Date of Last Report **03/28/1994**
4. FEI Number **65-0409012** Applied For
Not Applicable

2. Principal Place of Business: 2a. Mailing Address
21 **896 NO. FEDERAL HWY.** 26 **896 N. FEDERAL HWY.**
State, Apt. #, etc. State, Apt. #, etc.
22 **#529** 27 **#529**
City & State City & State
23 **LANTANA FL.** 28 **LANTANA FL.**
24 **33462** 25 **USA** 29 **33462** 30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AALTONEN, AARNE A
1415 LAKEVIEW DRUE
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 _____
(Type or print name and address of registered agent and the filer.) (Type or print name and address of filer.) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	MARILA, EILA
STREET ADDRESS	508 N DIXIE HWY
CITY, ST, ZIP	LANTANA FL 33462-2981
TITLE	D
NAME	MARILA, PERTTI
STREET ADDRESS	508 N DIXIE HWY
CITY, ST, ZIP	LANTANA FL 33462-2981
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	896 NO. FEDERAL HWY. #529
14 CITY, ST, ZIP	LANTANA FL 33462
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	896 NO. FEDERAL HWY. #529
24 CITY, ST, ZIP	LANTANA FL 33462
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(b), Florida Statutes. I further certify that the information included 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, trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form with attachments.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-4-95