

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078395

Entity Name: SUMMIT FINANCIAL SERVICES GROUP, INC.**Current Principal Place of Business:**595 SOUTH FEDERAL HIGHWAY
SUITE 500
BOCA RATON, FL 33432**Current Mailing Address:**595 SOUTH FEDERAL HIGHWAY
SUITE 500
BOCA RATON, FL 33432 US**FEI Number:** 05-0577932**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	LEEDS, MARSHALL T.
Address	595 SOUTH FEDERAL HIGHWAY SUITE 500
City-State-Zip:	BOCA RATON FL 33432

Title	VICE-PRESIDENT
Name	JACOBS, STEVEN C.
Address	595 SOUTH FEDERAL HIGHWAY SUITE 500
City-State-Zip:	BOCA RATON FL 33432

Title	SECRETARY
Name	OLSON, GREG
Address	200 N PACIFIC COAST HWY STE 1200
City-State-Zip:	EL SEGUNDO CA 90245

Title	TREASURER
Name	SHELSON, MARK
Address	400 1ST ST SOUTH STE 300
City-State-Zip:	ST CLOUD MN 56301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK SHELSON**TREASURER****04/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date