## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthar r Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 743893

(0)

TOP OF THE MILE INC

<u>.</u>	THE MILE, HO.				
Principal Place of Business  3350 E ATLANTIC BLVD SUITE 309 POMPANO BEACH FL 33062		Mailing Address  3350 E ATLANTIC BLVD SUITE 309 POMPANO BEACH FL 33062			
POMPANO BEACH PL 33002 FOMPANO BEACH PL			00002	3. Date Incorporated or Qualified 08/08/1978	3a. Date of Last Report 10/02/1995
<b></b> '		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	# ata	Suite, Apt. #, etc.		59-1859047	Not Applicable  \$8.75 Additional
22 Suite, Apr. #		27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in	4
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Re	egistered Agent
			81 Name		
CHAPMAN, JANE			82 Street	Address (P.O. Box Number is Not Acceptable	e)
3350 E. ATLANTIC BLVD			83		
SUITE 30					
PUMPAN	NO BEACH FL 33062		<b>84</b> City		FL 85 Zip Code
or registere familiar with SIGNATURE	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section Signature, typed or printed name of registered agents	da. Such change was authoriz on 617.0503, Florida Statutes	zed by the corporation's	orporation submits this statement for the purps board of directors. I hereby accept the apporational value resistation	pose of changing its registered office postered agent. I am
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	₩	DELETE	1.1 TITLE	STD	Change Addition
NAME	KALMAKA ANNE /		1.2 NAME	SKAROFF, FRED HO13 Ocean Dr # 104 Land by the Sea FI V.P.D	
STREET ADDRESS	4013, OCENN DPNVE #216		1.3 STREET ADDRESS	4013 Ocean Dr + 104	1
CITY-ST-ZIP	LAUD'RY STA FL		1.4 C·TY - ST - ZIP	Land by the Sea F	
TITLE	839	DELETE	21 TITLE	N.P. D	Change Addition
NAME	SILVA, LUCIANNA		2.2 NAME		
STREET ADDRESS	4013 OCENA DRIVE #307		2.3 STREET ADDRESS		
CITY - ST - ZIP	LAUDERDALE-BY-SEA FL	DELETE	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	PD DAVIDGON BECKY	Photograph	3 1 TIFLE 3 2 NAME		Change Dadacon
STREET ADDRESS	DAVIDSON, BECKY 4013 OCEAN DRIVE #101		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY-SEA FL		3.4 CITY-ST-ZIP		
TITLE	PYONEUPYER DISORVIE	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	50000175 -03/25/96010 ****61-25	រាជ្រាស្ត្រ។ .
STREET ADDRESS			4.3 STREET ADDRESS	03/25/98010	40 006
CITY-ST-ZIP			4.4 CITY - ST - ZIP	***61.25	<del></del>
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		alk (ab
STREET ADDRESS			6.3 TREET ADDRESS		O 16 16
CITY-ST-ZIP	us partiful that the information cumplied s	uith this filips is valuntadh fur	64 TY-ST-ZIP	lalify for the exemption stated in Section 119.0	07/2VIA Florida Statutos I further
certify that oath; that I	the information indicated on this annu I am an officer or director of the corpor I Block 12 or Block 13 if changed, or o	ual report or supplemental and ration or the receiver or truste	nual reports true and a ee empoweed to execu	occurate and that my signature shall have the ute this report as required by Chapter 617, Fk	same legal effect as if made under orida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER

CR2E037 (12/95)