

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 743 893**  
 1. Corporation Name  
**TOP OF THE MILE, INC.**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **8/8/78** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
 21. c/o UNITE COMM. MGT. CO. 26. c/o UNITE COMM. MGT. CO.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22. 3300 UNIV DRIVE #405 27. 3300 UNIV DRIVE #405  
 City & State City & State  
 23. CORAL SPRINGS FL 28. CORAL SPRINGS FL  
 Zip Country Zip Country  
 24. 33065 25. 29. 33065 30.

4. FEI Number **59-1859047** Applied For Not Applicable  
 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

10. Name and Address of New Registered Agent  
 81. Name **UNITE COMMUNITY MANAGEMENT CO.**  
 82. Street Address (P.O. Box Number is Not Acceptable) **3300 UNIV DRIVE #405**  
 83.  
 84. City **CORAL SPRINGS** FL 85. Zip Code **33065**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **UNITE COMMUNITY MGT. CO.** *[Signature]* **5/24/97**  
 Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for non-reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, Becky</b>	
STREET ADDRESS	<b>4013 OCEAN BLVD #101</b>	
CITY-ST-ZIP	<b>LAUD. BY THE SEA, FL 33308</b>	
TITLE	<b>ST D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAROFF, FRED</b>	
STREET ADDRESS	<b>4013 OCEAN BLVD #101</b>	
CITY-ST-ZIP	<b>LAUD. BY THE SEA, FL 33308</b>	
TITLE	<b>SILVA, LUCIANA</b>	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	<b>ABATE, DANIEL</b>
3.4 CITY-ST-ZIP	<b>4013 N. OCEAN BLVD #201</b>
	<b>LAUD. BY THE SEA, FL 33308</b>
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	

**000002185010**  
**-05/20/97--01051--021**  
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Becky DAVIDSON** President  
 Signature: Typed or printed name of signing officer or director  
 Date: **5/22/97** 954-752-8119  
 Daytime Phone #

CFR2E037 (9/96)