

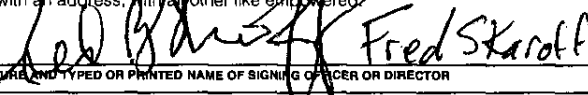


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90371 045 ****61.25

DOCUMENT # 743893					
1. Entity Name TOP OF THE MILE, INC.					
Principal Place of Business C/O UNITED COMMUNITY MGT. CORP 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS, FL 33065		Mailing Address C/O UNITED COMMUNITY MGT. CORP 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS, FL 33065		44042306	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. 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. I am familiar with, and accept the obligations of registered agent.				03252004 Chg-NP CR2E037 (10/03)	
8. Name and Address of Current Registered Agent UNITED COMMUNITY MANAGEMENT CORP 3300 UNIVERSITY DRVIE CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE		4. FEI Number 59-1859047 Applied For Not Applicable	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
TITLE: DVP NAME: MILLER, JAMES W STREET ADDRESS: 4013 OCEAN BLVD #313 CITY-ST-ZIP: LAUD BY THE SEA, FL 33308 <input checked="" type="checkbox"/> Delete		TITLE: PD NAME: Skaroff, Fred STREET ADDRESS: 4013 N. Ocean Blvd. # 104 CITY-ST-ZIP: Ft. Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE: VD NAME: KEEFE, KENNETH STREET ADDRESS: 4013 N OCEAN BLVD #113 CITY-ST-ZIP: LAUD BY THE SEA, FL 33308 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: STD NAME: SCHREIBER, PHYLLIS STREET ADDRESS: 4013 OCEAN BLVD. #315 CITY-ST-ZIP: LAUDERDALE BY-SEA, FL 33308 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
SIGNATURE:  Fred Skaroff		DATE: 4/20/04		DAYTIME PHONE: 954 221 2091	