

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

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95 MAY -1 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000002791 (9)

1. Corporation Name
TREE TOPS MANAGEMENT, INC.

Principal Place of Business 8222 WILES RD SUITE 242 CORAL SPRINGS FL 33067	Mailing Address 8222 WILES RD SUITE 242 CORAL SPRINGS FL 33067
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1994	3a. Date of Last Report
4. FEI Number 65-0461597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business				2a. Mailing Address			
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		
22	City & State			27	City & State		
23	Zip	Country	25	29	Zip	Country	30

9. Name and Address of Current Registered Agent

**O'RIORDAN, KEVIN
2077 NW 107 DR
CORAL SPRINGS FL 33071**

10. Name and Address of Now Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent Signature Required when Resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael O'Riordan	2.2 NAME	
STREET ADDRESS	5910 NW 96th Drive	2.3 STREET ADDRESS	
CITY ST ZIP	Parkland, FL 33076	2.4 CITY ST ZIP	
TITLE	Vice President	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Ricketts	3.2 NAME	
STREET ADDRESS	14741 Lewis Road	3.3 STREET ADDRESS	
CITY ST ZIP	Miami Lakes, FL 33014	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required, or in an attachment with an address.

SIGNATURE: _____ DATE: **4-24-95** (305) 755-4507