

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

99 MAR 17 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P980000005590**

1. Corporation Name: **Top Notch Professional Services, Inc.**

Principal Place of Business: **23162 Post Crows way #705 Boca Raton, FL 33433**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 **23162 Post Crows way**

22 City & State

27 **# 705**

23 Zip Country

28 **Boca Raton, FL**

24 Zip Country

29 **33433** 30 **Palms Beach**

9. Name and Address of Current Registered Agent

Ing J. Hipkin
23162 Post Crows way
#705
Boca Raton, FL 33433

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

FL 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

[Signature]

Signature typed or printed name of registered agent and the appropriate title. (See instructions on page 2 of the instructions on page 2)

(The title of the registered agent is not required to be typed or printed.)

2/23/99

Date

12. OFFICERS AND DIRECTORS

TITLE	President, Owner	[DELETE]
NAME	Ing J. Hipkin	
STREET ADDRESS	23162 Post Crows way #705	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[Change] [Add]
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[Change] [Add]
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[Change] [Add]
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[Change] [Add]
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[Change] [Add]
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[Change] [Add]
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 ****150.00 ****150.00

[Signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 958665668
 Date Fee

CR2E034 (11/98)