

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 200264 (0)

1. Corporation Name
ON TOP OF THE WORLD, INC.



Principal Place of Business: 5758 - 54TH AVENUE NORTH ST PETERSBURG FL 33709
Mailing Address: 5758 - 54TH AVENUE NORTH ST PETERSBURG FL 33709

3. Date Incorporated or Qualified: 02/26/1957
3a. Date of Last Report: 03/29/1995
4. FEI Number: 59-6059413
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

2. Principal Place of Business (21-24) and Mailing Address (2a-29) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**COLEN, SIDNEY
5758 54TH AVE N
ST PETERSBURG FL**

10. Name and Address of New Registered Agent (81-85) including Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEN, SIDNEY	
STREET ADDRESS	5758 54TH AVE., NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUNK, R. J.	
STREET ADDRESS	5758 54TH AVE., NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POLLECK, A.	
STREET ADDRESS	5891 33RD AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEN, INA A.	
STREET ADDRESS	5758 54TH AVE., NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLEN, KENNETH D	
STREET ADDRESS	5758 54TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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)(k), 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.

SIGNATURE: _____ DATE: 2/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: 8/13 544 2562

CR2E034 (12/95)