



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 018 ***150.00

DOCUMENT # 388684 1. Entity Name TIP TOP EQUIPMENT CORP.					
Principal Place of Business 501 OLD GRIFFIN RD P.O. BOX 248 DANIA, FL 33004-0499			Mailing Address 501 OLD GRIFFIN RD P.O. BOX 248 DANIA, FL 33004-0499		
2. Principal Place of Business 1855 GRIFFIN RD Suite, Apt. #, etc. A314 City & State DANIA BEACH, FL Zip 33004 Country USA		3. Mailing Address 1855 GRIFFIN RD Suite, Apt. #, etc. A314 City & State DANIA BEACH, FL Zip 33004 Country USA		14004633 	
4. FEI Number 06-0878885				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SOLOMON, DAMON A 501 OLD GRIFFIN RD DANIA, FL 33004-0499			7. Name and Address of New Registered Agent Name WESLEY A. EVERETT Street Address (P.O. Box Number is Not Acceptable) 1855 GRIFFIN RD A314 City DANIA BEACH FL Zip Code 33004		
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. SIGNATURE <u><i>Wesley A. Everett</i></u> (WESLEY A. EVERETT, SECR.) <u>4/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, DAMON A 1580 SEAGRAPE WAY HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOLOMON, FRANCINE 1580 SEAGRAPE WAY HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVERETT, CORRIE 3317 BARBADOS AVE HOLLYWOOD, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVERETT, WESLEY 3317 BARBADOS AVE HOLLYWOOD, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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.					
SIGNATURE: <u><i>Wesley A. Everett</i></u> (WESLEY A. EVERETT) <u>4/15/04</u> <u>954-921-4199</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					