**FILED** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000001208

1. Corporation Name

TOP SOURCE INSTRUMENTS, INC.

Principal Place	e of Business	Mailing Address							
3095 PRESIDENTIAL DR STE F		7108 FAIRWAY DRIVE SUITE 200							
							22405		
ATLANTA GA 30340		PALM BEACH GARDENS FL 33418			DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualife	ed			
						03/14/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		- <del></del>	plied For
21		26				58-2074446	<u> </u>	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,			5. Certifcate of Status Desired		\$8.75 A	
22		27				3. Continente di Status Besilies		Fee Re	quired
City & State	е	City & State	-			6. Election Campaign Financin	g 🗆	\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Çou	ntry		8. This corporation owes the c	urrent year Inta	angible	
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of Nev	v Registered	Agent	
				81	Name				
CT CORPORATION SYSTEM									
1200 S. PINE ISLAND RD				82	Street Ad	ldress (P.O. Box Number is Not Acce	ptable)		
PLANTATION FL 33324				83			·		
1 1 1 1	TITLION I E GOGET			65					
				84	City		FI	85 Zip (	Code
	to the provisions of Sections 607.050	00 and 607 4500. Florida Statut	os the s	hava	named sa	emoration submits this statement for t	he nurnose of	changing its	registered
office or re	egistered agent, or both, in the State	of Florida, Such change was a	iuthorized	ı by t	ne corpora	ation's board of directors. I hereby ac	cept the appoi	ntment as re	gistered
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statı	utes.					
SIGNATURE							DATE		<del></del>
	Signature, typed or printed name of registered ager			Agent	signature requ	ired when reinstating)		ID DIDECTO	DC IN 12
12.		ID DIRECTORS	13.		· Ia	ADDITIONS/CHANGES TO	JEFICERS AN	Change	Addition
TITLE	PD	☐ DELETE	1.1 TI			CP <b>P</b>		XI change	[] Addition
NAME	WILLIS, WILLIAM C. J.		1.2 NA		1	ill C. Willis, Jr.			
STREET ADDRESS	7108 FAIRWAY DR STE 200		1.3 ST	REET	ADDRESS 7 1	.08 <u>Fairway Dr. Ste.</u>	200		
CITY-ST-ZIP	PALM BEACH GA 33418		1.4 CI	TY-ST	<sub>-ZIP</sub> Pa	ılm Beach Gardens, F	L 33418		
TITLE	D	X DELETE	2.1 11	TLE	D	)		Change	X Addition
NAME	LANDOW, STUART		2.2 N	AME	R	lonald P. Burd			
STREET ADDRESS	7108 FAIRWAY DR. STE 200		2.3 \$1	REET.	ADDRESS 4	44 Devereux Dr.			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3418	2.4C	TV CI	r-719 V		_		
TITLE	VSTD	<b>~ · · ~</b>				'illa Nova. PA 1908			
NAME	VSIII	☐ DELETE	3 1 TI			<u>'illa Nova, PA 1908</u> 1		☐ Change	Addition
	***-	☐ DELETE		TLE	D	)		☐ Change	Addition
1	NATAN, DAVID		3.2 NA	TLE AME	D L	. Kerry Vickar	<u>.</u>	☐ Change	Addition
STREET ADDRESS	NATAN, DAVID 7108 FAIRWAY DR SUITE 200		3.2 N/ 3.3 S7	TLE AME TREET	D L ADDRESS 7	. Kerry Vickar Ol Rickert St.		☐ Change	<b>₹</b> Addition
STREET ADDRESS CITY-ST-ZIP	NATAN, DAVID	18	3.2 NA 3.3 ST 3.4. C	TLE AME TREET	D L ADDRESS 7	. Kerry Vickar Ol Rickert St.	8677		
STREET ADDRESS	NATAN, DAVID 7108 FAIRWAY DR SUITE 200		3.2 NA 3.3 ST 3.4. C 4.1 TI	TLE AME TREET STY-ST	D L ADDRESS 7	. Kerry Vickar Ol Rickert St. Statesville, N.C. 2		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	18	3.2 NA 3.3 ST 3.4. C 4.1 TI 4. 2 N	TLE AME TREET TY-ST TLE IAME	ADDRESS 7	. Kerry Vickar Ol Rickert St. Statesville, N.C. 2 O G. Jeff Mennen			
STREET ADDRESS CITY-ST-ZIP TITLE	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	18	3.2 NA 3.3 ST 3.4. C 4.1 TI 4. 2 N	TLE AME TREET TY-ST TLE IAME	ADDRESS 7	. Kerry Vickar Ol Rickert St. Statesville, N.C. 2			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	18 DELETE	3.2 N/ 3.3 ST 3.4. C 4.1 TI 4. 2 N 4.3 ST	TLE AME TREET TY-ST TLE IAME	ADDRESS 7	C. Kerry Vickar COL Rickert St. Statesville, N.C. 2 COL Jeff Mennen 25B Hanorver Rd.		Change	₹ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	18	3.2 N/ 3.3 ST 3.4. C 4.1 TI 4. 2 N 4.3 ST	TLE AME TREET TLE LAME TREET TLE TREET	ADDRESS 7	C. Kerry Vickar COL Rickert St. Statesville, N.C. 2 COL Jeff Mennen 25B Hanorver Rd.	8677		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	18 DELETE	3.2 N/ 3.3 ST 3.4. C 4.1 TI 4. 2 N 4.3 ST 4.4 CI	TLE  AME TREET TLE  IAME TREET TREET TREET TLE TREET	ADDRESS 7	C. Kerry Vickar COL Rickert St. Statesville, N.C. 2 COL Jeff Mennen 25B Hanorver Rd.	8677	Change	₹ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	18 DELETE	3.2 N/ 3.3 ST 3.4. C 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/	TLE AME TREET TLE IMME TREET TY-ST TLE AME	ADDRESS 7	C. Kerry Vickar COL Rickert St. Statesville, N.C. 2 COL Jeff Mennen 25B Hanorver Rd.	8677	Change	₹ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	18 DELETE	3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	TLE AME TREET TLE IMME TREET TY-ST TLE AME	ADDRESS ADDRESS ADDRESS ADDRESS	C. Kerry Vickar COL Rickert St. Statesville, N.C. 2 COL Jeff Mennen 25B Hanorver Rd.	8677	Change	₹ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	18 DELETE	3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	TLE AME TREET TLE IAME TREET TLE AME TLE TLE TLE TLE TLE TLE TLE TLE TREET	ADDRESS ADDRESS ADDRESS ADDRESS	C. Kerry Vickar COL Rickert St. Statesville, N.C. 2 COL Jeff Mennen 25B Hanorver Rd.	8677	Change	₹ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NATAN, DAVID 7108 FAIRWAY DR SUITE 200	DELETE	32 N/ 33 ST 34. C 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST 5.4 CI	TILE TREET. TREET. TILE TREET TILE TITY-ST TILE TREET TITY-ST TILE TREET TITY-ST TILE	ADDRESS ADDRESS ADDRESS ADDRESS	C. Kerry Vickar COL Rickert St. Statesville, N.C. 2 COL Jeff Mennen 25B Hanorver Rd.	8677	☐ Change	

14. 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 annual report or suppliemental 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 of the receiver of 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, of an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR