

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G11303 (6)**
1. Corporation Name
TOPSPEED CORPORATION



Principal Place of Business: 150 E. SAMPLE RD, SUITE 200, POMPANO BCH. FL 33064 US
Mailing Address: 150 E. SAMPLE RD, SUITE 200, POMPANO BCH. FL 33064 US

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

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 06/28/1995
4. FEI Number: 59-2242180
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

9. Name and Address of Current Registered Agent
**JOHNSON, DONALD H.
C/O THE BARRINGTON GROUP
150 E SAMPLE ROAD, STE 200
POMPANO BCH. FL 33064**

10. Name and Address of New 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's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DTS	<input type="checkbox"/> DELETE
NAME	BARRINGTON, BRUCE D.	
STREET ADDRESS	150 E SAMPLE RD, #200	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAFALCO, ROY	
STREET ADDRESS	150 E SAMPLE RD #200	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAFALIOS, STAMOS	
STREET ADDRESS	150 E. SAMPLE RD. #200	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DONALD	
STREET ADDRESS	150 E. SAMPLE RD. #200	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, DICK	
STREET ADDRESS	150 E. SAMPLE RD. #200	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERRON, JOHN	
STREET ADDRESS	150 E. SAMPLE RD. #200	
CITY - ST - ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Niels Jensen	
13 STREET ADDRESS	150 E. Sample Road, Ste 200	
14 CITY - ST - ZIP	Pompano Beach, FL 33064	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)