

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H13557 (4)

1. Corporation Name
TIP TOP HOLDINGS, INC.



Principal Place of Business Mailing Address
% THOMAS C. LATHAM, ESQUIRE
405 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635
% THOMAS C. LATHAM, ESQUIRE
405 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/24/1984	
22 1 Key Capri #313W		27 1 Key Capri #313W		4. FEI Number	
City & State		City & State		59-2428225	
23 Treasure Island FL		28 Treasure Island FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33706		25 Pinellas		29 33706	
30 Pinellas		3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LATHAM, THOMAS C., ESQ 405 GULF BLVD INDIAN ROCKS BEACH FL 33535				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				1 key Capri #313W	
				83	
				84 City	
				Treasure Island FL	
				85 Zip Code	
				33706	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LATHAM, THOMAS C			1.2 NAME			
STREET ADDRESS	800 ELDORADO AVE			1.3 STREET ADDRESS	1 Key Capri #313W		
CITY-ST-ZIP	CLEARWATER BEACH FL			1.4 CITY-ST-ZIP	Treasure Island FL 33706		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LATHAM, JOAN P			2.2 NAME			
STREET ADDRESS	800 ELDORADO AVE			2.3 STREET ADDRESS	1 Key Capri #313W		
CITY-ST-ZIP	CLEARWATER BEACH FL			2.4 CITY-ST-ZIP	Treasure Island FL 33706		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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:

THOMAS C. LATHAM

2-10-98 813-360-4133

CR2E034 (10/97)