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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** L37917 (6)TOP TRONICS, INC. Principal Place of Business Mailing Address AUZ CORFEZ NO. W 4511 17TH AVENUE WEST BRADENTON EL 34307 **BRADENTON FL 34209** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1989 02/14/1995 2. Principal Place of Business 2a. Mailing Address Applied For 17TH AVE W 26 65-0162994 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Flection Campaign Financing \$5.00 May Be 23 BLAOENTON 28 Trust Fund Contribution Added to Fees Country Ζip Country 8. This corporation has liability for intangible tax under s. 199 032 3 ×20 9 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEBRING, RUSSELL J. 4511 17TH AVENUE WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 City 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: type afor professionation of responsed agent and title if applicable (NOTE: Rogistered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE DELETE 1.1 THUE Change Addition NAME 1.2 NAME SEBRING, RUSSELL J. CR2E034 STREET ADDRESS 4511 17TH AVENUE WEST 1.3 STREET ADDRESS CITY-ST-ZIP BRADENTON FL DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ALORESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ACORESS CHTY-SI-ZIP 3.4 CITY - \$1 - ZIP DELETE TIFLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ACORESS CITY-ST-ZIP 4.4 CITY - ST - ZIF TITLE DELETE 5.1 TITLE Change \_\_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ACORESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IF DELFTE TITLE Change 6.1 TiF<sub>1</sub> { Addition 6.2 NAME STREET ADDRESS 6.3 STREET ACORESS CITY-ST-ZIP 6.4 CITY - ST - ZIF 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

SIGNATURE: