

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # L81045 (1)**

1. Corporation Name  
**TOPTech COMPUTER, INC.**

**FILED**  
95 JUL -7 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
% LEONARD H MARKS % LEONARD H MARKS  
201 E KENNEDY BLVD. STE 1516 201 E KENNEDY BLVD. STE 1516  
TAMPA FL 33602 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report  
**06/14/1990 04/26/1994**

|                                  |                                  |   |   |
|----------------------------------|----------------------------------|---|---|
| 2. Principal Place of Business   | 2a. Mailing Address              | 4. FEI Number   | Applied For   |
| 21 <b>TopTech Computer, Inc.</b> | 26 <b>TopTech Computer, Inc.</b> | <b>59-3015512</b>   | Not Applicable  |
| Suite, Apt. #, etc.              | Suite, Apt. #, etc.              |   |   |
| 22 <b>11640 N. Dale Mabry</b>    | 27 <b>11640 N. Dale Mabry</b>    | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| City & State                     | City & State                     |   |   |
| 23 <b>Tampa, FL</b>              | 28 <b>Tampa, FL</b>              | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| Zip                              | Zip                              |   |   |
| 24 <b>33618</b>                  | 29 <b>33618</b>                  | 6. This corporation has liability for intangible tax under s. 100.022, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Country                          | Country                          |   |   |
| 25 <b>USA</b>                    | 30 <b>USA</b>                    |   |   |

|  |  |   |                |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent                            |  | 10. Name and Address of New Registered Agent          |                |
| MARKS, LEONARD H.<br>201 EAST KENNEDY BLVD<br>SUITE 1516<br>TAMPA FL 33602 |  | 81 Name   |                |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                |
|  |  | 83  |                |
|  |  | 84 City   | FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | <b>D</b>                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHANG, JEN-HSUEH</b>       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>11640 N DALE MABRY HWY</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>TAMPA FL</b>               | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                               | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 2.2 NAME  |   |
| STREET ADDRESS             |                               | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                               | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                               | 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                      |                               | 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                      |                               | 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                      |                               | 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jechang* Date: 6/30/95 Telephone #: 813-264-5641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)