


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000466	
TIP TOP SOFTWARE LLC 1591 E ATLANTIC BLVD. SUITE 200 POMPANO BEACH FL 33060		1a. Principal Place of Business Address 1591 E ATLANTIC BLVD. SUITE 200 POMPANO BEACH FL 33060 <div style="text-align: right;"><i>mwb</i></div>	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified		3a. State of Formation	
04/24/1996		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0675320			
5. Date of Last Report		6. Certificate of Status Desired	
		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
BAKERJIAN, JERRY 1591 E ATLANTIC BLVD. SUITE 200 POMPANO BEACH FL 33060		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 8000002137648-00 -04/09/97-01048-006 ***203.75 ***203.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BOTHMA, THEUNS	37 BAY STATE ROAD #6	BOSTON MA
MGR	CREMER, ESME	37 BAY STATE ROAD #6	BOSTON MA
MGRM	BOTHMA, THEUNS	37 BAY STATE ROAD #6	BOSTON MA
MGRM	CREMER, ESME	37 BAY STATE ROAD #6	BOSTON MA
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		3/26/97 (954) 943-1498	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	