FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39502** **(2)**

1. Corporation Name
THE SIR WILLIAM TOP HAT SOCIETY INC.

Principal Place of Business: P. O. BOX 758007, CORAL SPRINGS FL 33075
Mailing Address: P. O. BOX 758007, CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	08/08/1990
3a. Date of Last Report	05/01/1994
4. FEI Number	65-0226994
Applied For	☐
Not Applicable	☐

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt #, etc	Suite, Apt #, etc	
22	27	
City & State	City & State	
23	28	
Zip 24 / Country 25	Zip 29 / Country 30	

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ROSE, PETER A.
ROSE & ROSE, P.A.
2101 N. ANDREWS AVE., STE. 200
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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 ____________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	UTZ, STEPHEN
STREET ADDRESS	1840 TAMARIND LANE
CITY ST ZIP	COCONUT CREEK FL
TITLE	D
NAME	LITTLE, GREG
STREET ADDRESS	1027 NE 36TH STREET
CITY ST ZIP	OAKLAND PARK FL 33334
TITLE	DS
NAME	SHAPIRO, JUDY
STREET ADDRESS	5701 CAMINO DEL SOL UNIT #103
CITY ST ZIP	BOCA RATON FL
TITLE	CMP
NAME	CHECKLEY, WILLIAM A.G.
STREET ADDRESS	P. O. BOX 758007 N/A
CITY ST ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Checkley — 4/20/95 — 305-563-9054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM CHECKLEY PRESIDENT, EXECUTIVE DIRECTOR

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