

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39502** (2)

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



Principal Place of Business <b>P. O. BOX 758007 CORAL SPRINGS FL 33075</b>	Mailing Address <b>P. O. BOX 758007 CORAL SPRINGS FL 33075</b>
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3. Date incorporated or Qualified <b>08/08/1990</b>	3a. Date of Last Report <b>06/18/1996</b>
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21. Principal Place of Business <b>P.O. Box 70482</b>	2a. Mailing Address <b>P.O. Box 70482</b>	4. FEI Number <b>65-0226994</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State <b>OAKLAND PARK, FL</b>	28. City & State <b>OAKLAND PARK, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>33307-0482</b>	25. Country <b>USA</b>	29. Zip <b>33307-0482</b>	30. Country <b>USA</b>

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	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DT</b>	<b>MC GEE, DENNIS</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<b>LITTLE, JAMES GRADY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS <b>738 NE 7TH AVE.</b>		1.3 STREET ADDRESS <b>1027 NW 36TH STREET</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33334</b>		1.4 CITY-ST-ZIP <b>OAKLAND PARK, FL 33334</b>	
TITLE <b>DS</b>	<b>BAILEY, KATHREEN</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<b>BAILEY, KATHREEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS <b>2601 NE 43RD ST.</b>		2.3 STREET ADDRESS <b>2601 NE 43RD STREET</b>	
CITY-ST-ZIP <b>LIGHTHOUSE PT. FL 33064</b>		2.4 CITY-ST-ZIP <b>LIGHTHOUSE PT. FL 33064</b>	
TITLE <b>CMP</b>	<b>CHECKLEY, WILLIAM A.G.</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>PS</b>	<b>GRUVINO, SHELIA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS <b>P. O. BOX 758007 N/A</b>		3.3 STREET ADDRESS <b>2694 SW 11TH PLACE</b>	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>		3.4 CITY-ST-ZIP <b>DADEFIELD BEACH, FL 33442</b>	
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 do 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 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 A.G. Checkley **4/28/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0076247**

CR2E037 (9/96)