

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90159 039 ****70.00

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DOCUMENT # N39502

1. Corporation Name

THE SIR WILLIAM TOP HAT SOCIETY INC.

Principal Place of Business

2601 NE 43RD STREET
LIGHTHOUSE POINT FL 33064
US

Mailing Address

2601 NE 43RD STREET
LIGHTHOUSE POINT FL 33064
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/08/1990

4. FEI Number

65-0226994

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

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 D
NAME LITTLE, GREGORY JAMES
STREET ADDRESS 1027 NE 36TH ST
CITY-ST-ZIP OAKLAND PARK FL 33334
☒ DELETE

TITLE D
NAME BAILEY, KATHLEEN (Katherine)
STREET ADDRESS 2601 NE 43RD ST.
CITY-ST-ZIP LIGHTHOUSE PT. FL
☐ DELETE

TITLE CMP
NAME CHECKLEY, WILLIAM A.G.
STREET ADDRESS 2601 NE 43RD STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064
☐ DELETE

TITLE DS
NAME TREVINO, SHELIA
STREET ADDRESS 2694 SW 11TH PLACE
CITY-ST-ZIP DEERFIELD BCH FL
☐ DELETE

TITLE ~~MRS. JILL REED~~
NAME ~~MRS. JILL REED~~
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME MRS JILL REED
1.3 STREET ADDRESS 9171 A SW 5TH STREET
1.4 CITY-ST-ZIP BOCA RATON, FL 33428
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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 my address, with all other like empowered.

SIGNATURE:

WILLIAM A. CHECKLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/98

Date

Daytime Phone #

942-942-1247

CR2E037 (11/98)