

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90025 047 ****61.25

DOCUMENT # N98000000685

1. Corporation Name

ITOP, INC.

Principal Place of Business

2150 MARTIN LUTHER KING AVENUE
FT. LAUDERDALE FL 33311

Mailing Address

2150 MARTIN LUTHER KING AVENUE
FT. LAUDERDALE FL 33311



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/05/1998

4. FEI Number

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

ELLIS, SAMUEL G
2121 NW 47TH AVENUE
LAUDERHILL FL 33313

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

☐ DELETE

TITLE P
NAME ELLIS, SAMUEL G
STREET ADDRESS 2121 NW 47TH AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE VP
NAME ELLIS, CAROLYN L
STREET ADDRESS 2121 NW 47TH AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE S
NAME MOORER, KENNETH
STREET ADDRESS 2321 NW 47TH AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE T
NAME CLARK, SHARON
STREET ADDRESS 3160 HOUSTON ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE D
NAME GIBSON, DEAN
STREET ADDRESS 4520 N.W. 36TH STREET #212
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE D
NAME SAUNDERS, SHARI
STREET ADDRESS 4311 NW 25TH PLACE
CITY-ST-ZIP LAUDERHILL FL 33313

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME D/T
13 STREET ADDRESS Moorer, Kenneth
14 CITY-ST-ZIP 2321 NW 47th Avenue
Ft. Lauderdale, FL 33313

2.1 TITLE ☐ Change ☒ Addition

22 NAME D
23 STREET ADDRESS Hardy, Kevin
24 CITY-ST-ZIP 2440 NW 33rd street #1802
Ft. Lauderdale, FL 33309

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 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 with all other like empowered.

SIGNATURE:

Samuel G. Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99 735-3510
Date Daytime Phone #

CR2E037 (5/99)