

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **P25239** (5)  
1. Corporation Name  
**TOP SOURCE TECHNOLOGIES, INC.**



Principal Place of Business		Mailing Address	
2000 PGA BLVD. 3200 PALM BEACH GARDENS FL 33408 US		2000 P G A BLVD. STE. 3200 PALM BEACH GARDENS FL 33408 US	
2. Principal Place of Business	2a. Mailing Address		
21 7108 FAIRWAY DRIVE	26 7108 FAIRWAY DRIVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 SUITE 200	27 SUITE 200		
City & State	City & State		
23 PALM BEACH GARDENS, FL	28 PALM BEACH GARDENS, FL		
Zip	Country	Zip	Country
24 33418-3757	25 USA	29 33418-3757	30 USA

3. Date Incorporated or Qualified 07/19/1989	3a. Date of Last Report 03/20/1995
4. FEI Number 84-1027821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**G T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
SUITE 2202  
PLANTATION FL 33324**

81. Name 600001809576	85. Zip Code FL
82. Street Address (P.O. Box) 05/05/96 01076-011 ***400.00	
83.	
84. City	

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		DATE		
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)		
12. OFFICERS AND DIRECTORS				
TITLE	NAME	TITLE	NAME	
✓	VD MOORE, PAUL F 16622 TRADERS CROSSING #201 JUPITER FL	✓	D Sadeghi, Mani A. 44 Whippany Road Morristown, NJ 07962	
TITLE	NAME	TITLE	NAME	
	VSD CARLTON, JOYCE 3125 PRESIDENTIAL WAY ATLANTA GA		D Kirsch, Arthur S. 425 Park Avenue, 5th Floor New York, NY 10022	
TITLE	NAME	TITLE	NAME	
	PDC LAUER, CLINTON D 4053 HIDDEN WOODS DRIVE BLOOMFIELD HILLS MI		✓	V/D/CFO Natan, David 7108 Fairway Drive, #200 Palm Beach Gardens, FL 33418-3757
TITLE	NAME	TITLE	NAME	
	D BURD, RONALD P 19 SOUTH WATERLOO DEVON PA		✓	C/P/CEO/D Landow, Stuart 450 Park Avenue, #2100 New York, NY 10022
TITLE	NAME	TITLE	NAME	
			✓	V/D/S Rosen, Christer 7108 Fairway Drive, #200 Palm Beach Gardens, FL 33418-3757
TITLE	NAME	TITLE	NAME	
			✓	Joyce, Carlton (change) D
TITLE	NAME	TITLE	NAME	
			✓	Lauer, Clinton D. (change) D
TITLE	NAME	TITLE	NAME	
			✓	Moore, Paul F. (change) D

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, attach an attachment with an address.

SIGNATURE: *David Natan* David Natan (407) 775-5756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	Moore, Paul F	
		4.3 STREET ADDRESS	16622 Traders Crossing, #201	
		4.4 CITY - ST - ZIP	Jupiter, FL	
<input type="checkbox"/> DELETE		5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	Joyce, Carlton	
		5.3 STREET ADDRESS	3125 Presidential Way	
		5.4 CITY - ST - ZIP	Atlanta, GA	
<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	Lauer, Clinton D	
		6.3 STREET ADDRESS	4053 Hidden Woods Drive	
		6.4 CITY - ST - ZIP	Bloomfield Hills, MI	