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FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P25239

(5)

1. Corporation Name
TOP SOURCE TECHNOLOGIES, INC.

Principal Place of Business
7108 FAIRWAY DR.
SUITE 200
PALM BEACH GARDENS FL 33418-3757
US

Mailing Address
7108 FAIRWAY DR.
SUITE 200
PALM BEACH GARDENS FL 33418-3769
US

3. Date Incorporated or Qualified 07/19/1989
3a. Date of Last Report 05/01/1996

4. FEI Number 84-1027821
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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 | D | <input type="checkbox"/> DELETE |
| NAME | MOORE, PAUL F | |
| STREET ADDRESS | 16622 TRADERS CROSSING #201 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CARLTON, JOYCE | |
| STREET ADDRESS | 3125 PRESIDENTIAL WAY | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LAUER, CLINTON D | |
| STREET ADDRESS | 4053 HIDDEN WOODS DRIVE | |
| CITY-ST-ZIP | BLOOMFIELD HILLS MI | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BURD, RONALD P | |
| STREET ADDRESS | 19 SOUTH WATERLOO | |
| CITY-ST-ZIP | DEVON PA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SADEGHI, MANI A. | |
| STREET ADDRESS | 44 WHIPPANY RD. | |
| CITY-ST-ZIP | MORRISTOWN NJ 07962 | |
| TITLE | VOCF | <input type="checkbox"/> DELETE |
| NAME | NATAN, DAVID | |
| STREET ADDRESS | 7108 FAIRWAY DR. | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418-3757 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | C/P/CEO/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Ladow, Stuart | |
| 1.3 STREET ADDRESS | 450 Park Ave., #2100 | |
| 1.4 CITY-ST-ZIP | New York, NY 10022 | |
| 2.1 TITLE | V/D/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Rosen, Christer | |
| 2.3 STREET ADDRESS | 7108 Fairway Drive, #200 | |
| 2.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 of 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 775-5756

Daytime Phone #

CR2E034 (9/96)