


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90017 014 \*\*\*550.00



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P25239**

1. Corporation Name  
**TOP SOURCE TECHNOLOGIES, INC.**

Principal Place of Business <b>7108 FAIRWAY DR. SUITE 200 PALM BEACH GARDENS FL 33418-3757 US</b>	Mailing Address <b>7108 FAIRWAY DR. SUITE 200 PALM BEACH GARDENS FL 33418-3757 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>07/19/1989</b>	4. FEI Number <b>84-1027821</b>	Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State <b>23</b>	City & State <b>28</b>	7. Zip <b>24</b>	Country <b>25</b>	7. Zip <b>29</b>	Country <b>30</b>

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENNEN, G J</b>	1.2 NAME	<b>G. Jeff Mennen</b>
STREET ADDRESS	<b>7108 FAIRWAY DRIVE #200</b>	1.3 STREET ADDRESS	<b>25B Hanover Rd.</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	1.4 CITY-ST-ZIP	<b>Florham Park, NJ 07932</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>CPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIS, WILLIAM C</b>	2.2 NAME	<b>William C. Willis, Jr.</b>
STREET ADDRESS	<b>7108 FAIRWAY DR #200</b>	2.3 STREET ADDRESS	<b>7108 Fairway Dr., Ste. 200</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDOW, STUART</b>	3.2 NAME	
STREET ADDRESS	<b>7108 FAIRWAY DR SUITE #200</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURD, RONALD P</b>	4.2 NAME	<b>Ronald P. Burd</b>
STREET ADDRESS	<b>19 SOUTH WATERLOO</b>	4.3 STREET ADDRESS	<b>444 Devereux Dr.</b>
CITY-ST-ZIP	<b>DEVON PA</b>	4.4 CITY-ST-ZIP	<b>Villa Nova, PA 19085</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICKERS, KERRY</b>	5.2 NAME	<b>L. Kerry Vickar</b>
STREET ADDRESS	<b>7108 FAIRWAY DRIVE #200</b>	5.3 STREET ADDRESS	<b>701 Rickert St.</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	5.4 CITY-ST-ZIP	<b>Statesville, NC 28677</b>
TITLE	<b>VTS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>VTSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NATAN, DAVID</b>	6.2 NAME	<b>David Natan</b>
STREET ADDRESS	<b>7108 FAIRWAY DR.</b>	6.3 STREET ADDRESS	<b>7108 Fairway Drive, Ste. 200</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418-3757</b>	6.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/99

(561) 775-5756

Daytime Phone #

CR2E034 (11/98)

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