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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000035844 (8)

TOP KICK, INC.

DOCUMENT # 1. Corporation Name

Principal Place of Business	Mailing Address
700 S KIRKMAN RD ORLANDO FL 32804	700 S KIRKMAN RD ORLANDO FL 32804



ORLANDO FL 32804		ORLANDO FL 32804				
					3. Date Incorporated or Qualified 05/17/1993	3a. Date of Last Report 01/25/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4, FET Number	Applied For
Suite, Apt. #	etc.	Suite, Apt. #, etc.			59-3182423	Not Applicable
22	, 010.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	¬ \$5.00 May Be
23		28	·			Added to Fees
Zip 24	Country 25	Zip 29	Country	i	8. This corporation has liability for inta Florida Statules 🔯 Yes [ingiblo tax under s. 199.032,
24	g. Name and Address of Curre		30		Florida Statules 2 Yes [10. Name and Address of New Reg	
			81	Name	10. Name and Address of New New	istered Agent
	i, randall		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	(IRKMAN RD				ess (.o. box harmon is not neceptating)	,
ORLANI	OO FL 32801		83			
			84	City		■. 85 Zip Code
11. Pursuant to	the provisions of Sections 607 050	12 and 607 1508. Florida Statute	e the stone	L	alion submits this statement for the purpo	<u>-FL </u>
	d agent, or both, in the State of Flo- n, and accept the obligations of, Sec		ed by the corp	oration's boar	ation submits this statement for the purpord of directors. I hereby accept the appoint	se of changing its registered office iment as registered agent. I am
SIGNATURE						
	Ignature, typed or printed name of registered age		I Hogistered Ager	disgrature regions		[1A1]
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
NAME	TIMSON, RANDALL		1.2 NAME			Change Addition
STREET ADDRESS	700 S KIRKMAN RD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 City - S			
TITLE		☐ DELETE	2 1 TITLE	7.1		Change Addition
NAME			2 2 NAME			
STREET ADDRESS			23 STREET	ADDRESS		
CITY-ST-ZIP		Page 15	24 CITY-S	1 - ZIP		
TITLE		DELETE	3 1 TITLE			Change Addition
STREET ADDRESS			3.2 NAME			
CITY-ST-7IP			3.3 STREET			
TITLE		[] DELETE	4. 1 TITLE	1 - ZIP		Change Add tion
NAME			4.2 NAME			Change Mad not
STREET ADDRESS			4.3 STHEET	ADDRESS		
CITY-ST ZIP			44 CITY-S			
331IT		☐ DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			. –
SIFEFT ADDRESS			53STREET	ADDRESS		
CITY - ST - ZIP	·		54 CITY-S	I · ZiF		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME PROFES ASSESSED			6.2 NAME			İ
STREET ADDRESS			63 STREET			
CHY-ST-ZIP			6.4 CITY - ST	1-712		

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 received 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:

3-29-96

407/291-192G