


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

FILED  
Aug 31 1998 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                     |                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>PROFIT CORPORATION</b><br/> <b>ANNUAL REPORT</b><br/> <b>1998</b></p>                                                                                                                                                                                                                                                                                                                         |                                                                                    | <p align="center">FLORIDA DEPARTMENT OF STATE<br/> <b>Sandra B. Mortham</b><br/>         Secretary of State<br/>         DIVISION OF CORPORATIONS</p> |
| <p><b>DOCUMENT # P93000049959 (8)</b></p>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                     |                                                                                                                                                       |
| <p><b>1. Corporation Name</b><br/> <b>TOP CAT, INC.</b></p>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |                                                                                                                                                       |
| <p><b>Principal Place of Business</b><br/>         6812 W. INDIANTOWN RD.<br/>         JUPITER FL 33458</p>                                                                                                                                                                                                                                                                                                        | <p><b>Mailing Address</b><br/>         3118 GULF-TO-BAY BLVD.<br/>         SUITE 333<br/>         CLEARWATER FL 34619</p>                                           |                                                                                                                                                       |
| <p><b>2. Principal Place of Business</b></p> <p><b>21</b> Suite, Apt. #, etc.</p> <p><b>22</b> City &amp; State</p> <p><b>23</b> Zip      <b>25</b> Country</p>                                                                                                                                                                                                                                                    | <p><b>2a. Mailing Address</b></p> <p><b>26</b> Suite, Apt. #, etc.</p> <p><b>27</b> City &amp; State</p> <p><b>28</b> Zip      <b>29</b> Country</p>                |                                                                                                                                                       |
| <p><b>3. Name and Address of Current Registered Agent</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><b>FRY, RAY D</b><br/> <b>3118 GULF-TO-BAY BLVD.</b><br/> <b>SUITE 333</b><br/> <b>CLEARWATER FL 34619</b></p> </div> <div style="width: 15%;"> <p><b>81</b> Name</p> <p><b>82</b> Street Address</p> <p><b>83</b></p> <p><b>84</b> City</p> </div> </div> |                                                                                                                                                                     |                                                                                                                                                       |
| <p><b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b></p>                                                                                 |                                                                                                                                                                     |                                                                                                                                                       |
| <p><b>SIGNATURE</b><br/>         Signature, typed or printed name of signifying agent and title if applicable (NOTE: Registered Agent signature required)</p>                                                                                                                                                                                                                                                      |                                                                                                                                                                     |                                                                                                                                                       |
| <p><b>12. OFFICERS AND DIRECTORS</b></p>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                                                                                                                       |
| <p><b>TITLE</b></p> <p><b>NAME</b></p> <p><b>STREET ADDRESS</b></p> <p><b>CITY - ST - ZIP</b></p>                                                                                                                                                                                                                                                                                                                  | <p><b>PST</b> <span style="float: right;"><input type="checkbox"/> DELETE</span><br/> <b>WARREN, CLAIRE</b><br/> <b>84 ACORN CIRCLE</b><br/> <b>TEQUESTA FL</b></p> | <p><b>13.</b></p> <p><b>1.1 TITLE</b></p> <p><b>1.2 NAME</b></p> <p><b>1.3 STREET ADDRESS</b></p> <p><b>1.4 CITY - ST - ZIP</b></p>                   |
| <p><b>TITLE</b></p> <p><b>NAME</b></p> <p><b>STREET ADDRESS</b></p> <p><b>CITY - ST - ZIP</b></p>                                                                                                                                                                                                                                                                                                                  | <p><b>DP</b> <span style="float: right;"><input type="checkbox"/> DELETE</span><br/> <b>ROBIDOUX, RICHARD</b><br/> <b>84 ACORN CIR.</b><br/> <b>TEQUESTA FL</b></p> | <p><b>2.1 TITLE</b></p> <p><b>2.2 NAME</b></p> <p><b>2.3 STREET ADDRESS</b></p> <p><b>2.4 CITY - ST - ZIP</b></p>                                     |
| <p><b>TITLE</b></p> <p><b>NAME</b></p> <p><b>STREET ADDRESS</b></p> <p><b>CITY - ST - ZIP</b></p>                                                                                                                                                                                                                                                                                                                  | <p><span style="float: right;"><input type="checkbox"/> DELETE</span></p>                                                                                           | <p><b>3.1 TITLE</b></p> <p><b>3.2 NAME</b></p> <p><b>3.3 STREET ADDRESS</b></p> <p><b>3.4 CITY - ST - ZIP</b></p>                                     |
| <p><b>TITLE</b></p> <p><b>NAME</b></p> <p><b>STREET ADDRESS</b></p> <p><b>CITY - ST - ZIP</b></p>                                                                                                                                                                                                                                                                                                                  | <p><span style="float: right;"><input type="checkbox"/> DELETE</span></p>                                                                                           | <p><b>4.1 TITLE</b></p> <p><b>4.2 NAME</b></p> <p><b>4.3 STREET ADDRESS</b></p> <p><b>4.4 CITY - ST - ZIP</b></p>                                     |
| <p><b>TITLE</b></p> <p><b>NAME</b></p> <p><b>STREET ADDRESS</b></p> <p><b>CITY - ST - ZIP</b></p>                                                                                                                                                                                                                                                                                                                  | <p><span style="float: right;"><input type="checkbox"/> DELETE</span></p>                                                                                           | <p><b>5.1 TITLE</b></p> <p><b>5.2 NAME</b></p> <p><b>5.3 STREET ADDRESS</b></p> <p><b>5.4 CITY - ST - ZIP</b></p>                                     |
| <p><b>TITLE</b></p> <p><b>NAME</b></p> <p><b>STREET ADDRESS</b></p> <p><b>CITY - ST - ZIP</b></p>                                                                                                                                                                                                                                                                                                                  | <p><span style="float: right;"><input type="checkbox"/> DELETE</span></p>                                                                                           | <p><b>6.1 TITLE</b></p> <p><b>6.2 NAME</b></p> <p><b>6.3 STREET ADDRESS</b></p> <p><b>6.4 CITY - ST - ZIP</b></p>                                     |
| <p><b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes, and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.</b></p>                                |                                                                                                                                                                     |                                                                                                                                                       |
| <p><b>SIGNATURE:</b> <i>Claire Warren</i> <b>CLAIRE WARREN</b><br/>         SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>                                                                                                                                                                                                                                                                 |                                                                                                                                                                     |                                                                                                                                                       |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/08/1993

4. FEI Number  
65-0424929

Applied For  
That 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 65 Zip Code  
33759

ation submits this statement for the purpose of changing its registered  
n's board of directors. I hereby accept the appointment as registered

where constituted DAY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

33469

☒ Change ☐ Addition

33469

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

900002631493  
-09/02/98--01066--026  
\*\*\*150.00

☐ Change ☐ Addition

119.07(3)(i), Florida Statutes. I further certify that the information  
shall have the same legal effect as if made under oath, that I am an  
ed by Chapter 607, Florida Statutes; and that my name appears in

REN 7/19/98

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CR25034 (10/97)

**Top Cat, Inc.**

6812 Indiantown Rd.  
Jupiter, FL 33458

Phone 407-7461727  
Fax 407-7449342

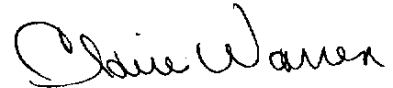
July 19, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302

To Whom it May Concern,

Here is my annual payment of \$150.00. The original document from my accountant never arrived at my home. My accountant contacted your office and was told to have me submit a copy from him with payment and this letter explaining the situation. Thank you for your help.

Sincerely,



Claire Warren  
Top Cat, Inc.