

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Morrison
 Secretary of State

OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12: 15

DOCUMENT # P93000055384 (0)

1. Corporation Name
TOP HAT TRANSFER INC

Principal Place of Business
 13914 OLD DIXIE HWY
 HUDSON FL 34667

Mailing Address
 13914 OLD DIXIE HWY
 HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1993
 3a. Date of Last Report: 04/20/1994

CHANGE TO ↓

2. Principal Place of Business
 21

2a. Mailing Address
 26 *40260 CALLE BUENAVISTA*

4. FEI Number: 59-3193511
 Applied For: Not Applicable

Suite, Apt. # etc: 22

Suite, Apt. #, etc: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

City & State: 28 *FALLBROOK CA.*

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24 Country: 25

Zip: 29 *92025* Country: 30 *CALIFORNIA*

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

SCOTT, MARJORIE
 12615 SOCIAL DRIVE
 HUDSON FL 34667

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 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 of present holder of registered agent and the corporation)

(NOTE: Registered Agent signature required when mandatory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | SCOTT, LAWRENCE P |
| STREET ADDRESS | 12615 SOCIAL DRIVE |
| CITY ST ZIP | HUDSON FL 34667 |
| TITLE | D |
| NAME | SCOTT, MARJORIE |
| STREET ADDRESS | 12615 SOCIAL DRIVE |
| CITY ST ZIP | HUDSON FL 34667 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY ST ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY ST ZIP | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

Lawrence P. Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR
 LAWRENCE P. SCOTT

5/23/95 *915-963-2103*
 DATE REGISTERED AGENT