

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:47

DOCUMENT # P94000002723 (2)

1. Corporation Name

TOP PRODUCERS, INC.

Principal Place of Business

**2000 W GLADES RD
SUITE 300
BOCA RATON FL 33431**

Mailing Address

**2000 W GLADES RD
SUITE 300
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

4. FEI Number

65-0462569

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. 1109 (FCF)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAMM, JAMES C JR.
2000 W GLADES RD
SUITE 300
BOCA RATON FL 33431**

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 (Name of person named as registered agent and the corporation)

Signature (Name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STAMM, JAMES C JR.
STREET ADDRESS	2000 W GLADES RD SUITE 300
CITY, ST, ZIP	BOCA RATON FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the Secretary, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(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. I am an officer or director of the corporation. For that purpose, I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. If changed, or not, I am authorized to execute this report.

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

628-95 AM 368-7906