

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 21 AM 8:56

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004804 (8)

1. Corporation Name

TOP FORM ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
01/10/1994

3a. Date of Last Report

2. Principal Office of Headquarters

21

2b. Mailing Address

26

4. FEI Number

59-3235101

Applied For

Not Applicable

22. State Apt. # etc.

State Apt. # etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. City

25. County

29. City

30. County

8. This corporation has liability for intangible tax under S. 193(3)(2),
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISSINGER, DONNA R
1500 N. FOREST AVE.
ORLANDO FL 32803

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 Section 193(3)(2) and (3) 1993, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office
in compliance with the provisions of the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am
submitting with this report the qualifications of the new agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME: President
Eugen Hernandez
1500 N Forest Ave
Orlando, FL 32803
VICE PRESIDENT
Donna R Wissinger
1500 N Forest Ave
Orlando, FL 32803

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100. NAME

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to act as a registered agent for the corporation. I further
certify that the information included 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 person or persons empowered to make this report as required by Chapter 193, Florida Statutes, and that my name
appears in Block 12 or Block 13 of this filing, or is so designated with an address.

SIGNATURE: Donna R Wissinger Donna R Wissinger 5/26/95 409 894 8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR