

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000020449 (2)

1. Corporation Name
TOP-TRANS, INC.

Principal Place of Business
5527 WEST COLONIAL DRIVE
ORLANDO FL 32808
US

Mailing Address
5527 WEST COLONIAL DRIVE
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/14/1994	4. FEI Number 59-3229809	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Country	29 Country			

9. Name and Address of Current Registered Agent

GOLDBERG, HERBERT
5527 WEST COLONIAL DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name	GOLDBERG, PAUL		
82 Street Address (P.O. Box Number is Not Acceptable)	5527 WEST COLONIAL DRIVE		
83			
84 City	ORLANDO	85 Zip Code	32808

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

Paul Diller

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P, V, S, T
NAME	GOLDBERG, PAUL	1.2 NAME	GOLDBERG, PAUL
STREET ADDRESS	6131 WESTGATE DR	1.3 STREET ADDRESS	5527 WEST COLONIAL DRIVE
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	VP	2.1 TITLE	
NAME	GOLDBERG, ROBERT	2.2 NAME	
STREET ADDRESS	8 WALDEN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	BERGER, EDWARD	3.2 NAME	
STREET ADDRESS	17 QUEEN ANN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	GOLDBERG, HERBERT	4.2 NAME	
STREET ADDRESS	116 LAUGHING GULL COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul Diller* *Paul Goldberg* (407) 295 0243

CP2E034 (10/97)