

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000033193 (1)

1. Corporation Name  
A TOP JOB, INC.



Principal Place of Business Mailing Address  
5176 U.S. 1 KEY WEST FL 33040 5176 U.S. 1 KEY WEST FL 33040

3. Date Incorporated or Qualified 04/29/1994 3a. Date of Last Report 04/26/1995  
4. FEI Number 65-0504012 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ERIC B. LANG~~  
ERIC B. LANG  
5176 U.S. 1  
KEY WEST FL 33040

81 Name ERIC B. LANG  
82 Street Address (P.O. Box Number is Not Acceptable) 5176 U.S. 1 Stk. Isl.  
83  
84 City Key West. FL 85 Zip Code 33040

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 ERIC B. LANG  
Signature, typed or printed name of registered agent and title, if applicable

ERIC B. LANG  
8/5/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                     |        |
|----------------|---------------------|--------|
| TITLE          | PSTD                | DELETE |
| NAME           | LANG, ERIC B        |        |
| STREET ADDRESS | 5176 U.S. 1 Stk Isl |        |
| CITY-ST-ZIP    | KEY WEST FL 33040   |        |
| TITLE          |                     | DELETE |
| NAME           |                     |        |
| STREET ADDRESS |                     |        |
| CITY-ST-ZIP    |                     |        |
| TITLE          |                     | DELETE |
| NAME           |                     |        |
| STREET ADDRESS |                     |        |
| CITY-ST-ZIP    |                     |        |
| TITLE          |                     | DELETE |
| NAME           |                     |        |
| STREET ADDRESS |                     |        |
| CITY-ST-ZIP    |                     |        |
| TITLE          |                     | DELETE |
| NAME           |                     |        |
| STREET ADDRESS |                     |        |
| CITY-ST-ZIP    |                     |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |        |          |
|--------------------|---------------------|--------|----------|
| 1.1 TITLE          | OPS                 | Change | Addition |
| 1.2 NAME           | ERIC B. LANG        |        |          |
| 1.3 STREET ADDRESS | 5176 US 1 Stk. Isl. |        |          |
| 1.4 CITY-ST-ZIP    | KEY WEST FLA. 33040 |        |          |
| 2.1 TITLE          |                     | Change | Addition |
| 2.2 NAME           |                     |        |          |
| 2.3 STREET ADDRESS |                     |        |          |
| 2.4 CITY-ST-ZIP    |                     |        |          |
| 3.1 TITLE          |                     | Change | Addition |
| 3.2 NAME           |                     |        |          |
| 3.3 STREET ADDRESS |                     |        |          |
| 3.4 CITY-ST-ZIP    |                     |        |          |
| 4.1 TITLE          |                     | Change | Addition |
| 4.2 NAME           |                     |        |          |
| 4.3 STREET ADDRESS |                     |        |          |
| 4.4 CITY-ST-ZIP    |                     |        |          |
| 5.1 TITLE          |                     | Change | Addition |
| 5.2 NAME           |                     |        |          |
| 5.3 STREET ADDRESS |                     |        |          |
| 5.4 CITY-ST-ZIP    |                     |        |          |
| 6.1 TITLE          |                     | Change | 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96 (305) 294-9274  
Daytime Phone #

CR2E034 (3/96)