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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # TOPAS U.S. AGENCIES, INC. Principal Place of Business

| | FLORIDA DEPARTMENT OF STATE | | | | |
|--|-----------------------------|--|--|--|--|
| | Sandra B. Mortham | | | | |
| | Secretary of State | | | | |
| | | | | | |

Aortham of State DIVISION OF CORPORATIONS

P95000035434 (6)

2900 University Drive

| Mailing | Address |
|---------|---------|

2a. Mailing Address

City & State

Suite, Apt. #, etc.

2800 UNIVERSITY DRIVE CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

2830 UNIVERSITY DRIVE **CORAL SPRINGS FL 33065**

2900 University Drive

FILED Apr 17 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1995

65-0586275

5. Certificate of Status Desired

6. Election Campaign Financing

02/16/98

954-753-9500

| | Spring | | riorida | [28] | | Spring | | | orida | Added to Fees | | |
|---|--------------------------|-----------------------------|---|--------------------------------|--|---------------------------------------|---------|--|----------------|--|--|--|
| Zip | | c | Country | L_ | Zip | | c | Country 8. This corporation owes or has paid the current year Intangible | | | | |
| 24 <u>33065</u> | | 25 | USA | 29 | 33065 | | 30 | US. | A | Personal Property Tax due June 30. Yes No | | |
| | g, Name | and a | Address of Curren | t Regis | tered Ager | nt | | Ι., | | 10. Name and Address of New Registered Agent | | |
| F | VAHAEL, GE | EORG | Æ | | | | | 81 | Name | | | |
| 2 | 930 UNIVE | RSIT | y drive | | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| Ō | ORAL SPR | UNGS | FL 33065 | | | | | - | | 900 University Drive | | |
| | | | | | | | | 83 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | B4 | City | FL 85 Zip Code | | |
| 11. Pursuant | to the provis | ions c | Sections 607.050 | 2 and E | 07.1508, FI | orida Statut | es, 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 | Ethania B. d | | | | | · · · · · · · · · · · · · · · · · · · | f D | and \$55 | | e required when reinstating) DATE | | |
| 12 | априжине, турко | o pant | nd name of registered age OFFICERS ANI | | | MOI | | | nı sığnalufe i | | | |
| 12. | D | | OFFICE NO ANI | DINE | | DELETE | 13 | TITLE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition | | |
| NAME | DAMA | EI G | EORGE | | | DELETE | | 2 NAME | 1 | The change The control of | | |
| STREET ADORESS | | | ERSITY DRIVE | | | | | | ADDRESS | 2900 University Drive | | |
| | | | RINGS FL 33085 | | | | | | | 2900 University Drive | | |
| CITY-ST-ZIP | CON | uL OF | HINGS I'L 33003 | | | DELETE | _ | 1 CITY-S | 1-212 | Change Addition | | |
| NAME | | | | | | Decert | | 2 NAME | | Contained Li Addition | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | | | |
| | 1 | | | | | | 1 | | | | | |
| CITY-ST-ZIP | | | | | | DELETE | | 4 CITY-S | 51- ZIP | Change Addition | | |
| NAME | | | | | - | Ditte | | 2 NAME | | C. Change C. J. Addition | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | } | | | | | | | 4. CITY-5 | | | | |
| TITLE | - | | | | | DELETE | | TITLE | 31-211 | Change Addition | | |
| NAME | | | | | | | | 2 NAME | - { | | | |
| STREET ADDRESS | | | | | | | 1 | _ | ADDRESS | ļ | | |
| CITY-ST-ZIP | | | | | | | | 4 CITY-S | | | | |
| TIPLE | | | | | | DELETE | _ | 1 TITLE | | Change Addition | | |
| NAME | | | | | | | 52 | 2 NAME | ĺ | | | |
| STREET ADDRESS | ļ | | | | | | 5.3 | 3 STREET | ADDRESS | | | |
| CITY - S1 - ZIP | Į | | | | | | 5.4 | 4 CITY-S | T-ZIP | | | |
| TITLE | | | | | | DELETE | | 1 TITLE | | Change Addition | | |
| NAME | | | | | | | 6.2 | 2 NAME | i | | | |
| STREET ADDRESS | } | | | | | | 6.3 | 3 STREET | ADDRESS | | | |
| CITY - ST - ZIP | | | | | | | 6.4 | 4 CITY-S | T - ZiP | | | |
| 14, I hereby | certify that th | ne info | rmation supplied w | ith this | filing does | not qualify f | or the | exemp | tion state | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information | | |
| officer or Block 12 | director of the Block 13 | uar rep he cor if cha | poration por the reco | si annua eiver or chment | ai report is t trustee emp t with an ad- | rue and acc powered to dress. | execut | end that te this | report as | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in | | |

George Rahael