Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90059 044 \*\*\*158.75

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000035434

1. Corporation Name

TOPAS U.S. AGENCIES, INC.

Principal Place	e of Business		ailing Address										
2900 UNIVERSITY DR 2900 UNIVERSITY DR													
CORAL SPRING US	)ral springs fl 3306: ;	5				DO NOT WR	ITE IN T	IIS S	PACE	Ē			
us		•					3. Date Incorporated or Qualifed 05/05/1995						
2. Principal P	Mailing Address				4. FEI Nu				$\top$	Apr	lied For		
21			2a. Mailing Address				65-0586275					No	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				ate of Status Desired	K	\$8.75 Additional Fee Required				
City & Stat	te		City & State				& Electic	n Campaign Financing			\$5	.00	May Be
23		28					1 -	und Contribution					Fées
Zip	Country		Zip	Cou	ntry		8. This co	orporation owes the cui	rrent year	Intan	gible		
25				30				al Property Tax.			Yes		□No
	9 Name and Addres	s of Current Regis	stered Agent			Υ	10, Name	and Address of New	Register	ed A	jent		
					81	Name							
RAHAEL, GEORGE 2900 UNIVERSITY DR CORAL SPRINGS FL 33065					82	Street A	Address (P.O. Box	Number is Not Accep	table)				
CUH	tal sphings fl 3300	5			83								
					84	City			F	:L	85	Zip C	ode
office or r	to the provisions of Secti registered agent, or both, am familiar with, and acce	in the State of Flori pt the obligat ons of	da. Such change was Section 607.0505, FI	euthorized orida State	i by utes	the corpo	ration's board of a	lirectors. I hereby acce	ерт те ар	point	nent :	as reg	istered
	Signature, typed or printed name of				Agen	nt signature re	ired when reinstating)	WIGOUANGEO TO O	DATE		DIDI	CTO	IC IN 12
12.		FICERS AND DIRE	DELETE	13.	n =		ADDITE	NS/CHANGES TO O	FFICERS				Addition
TITLE	P PAULATI CEORCE			1.1 II									
NAME	RAHAEL, GEORGE 2900 UNIVERSITY D	D		1		T ADDRESS							
STREET ADORESS	CORAL SPRINGS FL			1,3 SI									
CITY-ST-ZIP TITLE	CORAL SPRINGS FL	. 33003	☐ DELETE	2,1 TI		1-212					☐ Cha	ange	Addition
NAME	ļ			22 N/									
STREET ADDRESS						TADDRESS							
CITY-ST-ZIP	]					ST-ZIP							
TITLE			☐ DELETE	3,1 TI							Cha	ange	Addition
NAME				3.2 N/	AME	ļ							
STREET ADDRESS				3 3 S	TREET	TADDRESS							
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TITLE			☐ DELETE	4.1 TI	TLE						☐ Cha	ange	☐ Addition
NAME				4. 2 N	AME	Į							
STREET ADDRESS	:			4 3 S	REET	TADDRESS							
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP							<del></del>
TITLE			☐ DELETE	5.1 TI		\					Chi	ange	☐ Addition
LIANE	I			5.2 N	AME								

14. Thereby certify that the information supplied with this filling 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 recuired 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, with all other like empowered.

Topas U.S. Agencies Inc. Agencies, Inc.

5,3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: \_

STREET ADDRE 3S

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

CR2E034 (11/98)

Addition