

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000049162 (7)

1. Corporation Name
AT THE TOP, INC.



Principal Place of Business
1140 LEE BOULEVARD
CORAL PLAZA UNIT 110
LEHIGH ACRES FL 33936

Mailing Address
1140 LEE BOULEVARD
CORAL PLAZA UNIT 110
LEHIGH ACRES FL 33936-4800

3. Date Incorporated or Qualified
06/23/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
65-0588321

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

9. Name and Address of Current Registered Agent
MILLER, KIM
1140 LEE BOULEVARD
CORAL PLAZA UNIT 110
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: *X Kim Miller*
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MILLER, KIM	
STREET ADDRESS	804 E JASMINE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	T	DELETE
NAME	PURSEL, AMANDA	
STREET ADDRESS	1318 BARNSDALE ST	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	S	DELETE
NAME	MILLER, EU E	
STREET ADDRESS	804 E JASMINE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VP	DELETE
NAME	PURSEL, ANTHONY C	
STREET ADDRESS	1318 BARNSDALE ST	
CITY-ST-ZIP	LEHIGH ACRES FL	
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	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 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: *Anthony Purse* 3/21/97 941-369-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)