

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

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90001 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 **(L)**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **P95000049162** ✓

1. Corporation Name
AT THE TOP, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/23/1995

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc. 22 []
 City & State 23 []
 Zip 24 [] Country 25 []

2a. Mailing Address
 26 []
 Suite, Apt. #, etc. 27 []
 City & State 28 []
 Zip 29 [] Country 30 []

4. FEI Number
65-0588321

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. 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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KIM	1.2 NAME	
STREET ADDRESS	804 E JASMINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSEL, AMANDA	2.2 NAME	
STREET ADDRESS	1318 BARNSDALE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ELI E	3.2 NAME	
STREET ADDRESS	804 E JASMINE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSEL, ANTHONY C	4.2 NAME	
STREET ADDRESS	1318 BARNSDALE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: _____ Date: **4/23/97** Daytime Phone #: **369-2007**

CR2E034 (11/98)