
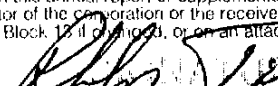


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 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 # P95000069576 (3)					
1. Corporation Name ONTOP, INC.					
Principal Place of Business 377 4TH STREET ATLANTIC BEACH FL 32233			Mailing Address 377 4TH STREET ATLANTIC BEACH FL 32233-5343		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1995	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.		3a. Date of Last Report 08/30/1996	
22. City & State		27. City & State		4. FEI Number 59-3346521	
23. Zip		28. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TINGLE, PHILIP D 50 NORTH LAURA STREET SUITE 2800 JACKSONVILLE FL 32202			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83. City		
			84. Zip Code FL		
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					
TITLE	D <input type="checkbox"/> DELETE				
NAME	TINGLE, PHILIP D				
STREET ADDRESS	377 4TH STREET				
CITY- ST- ZIP	ATLANTIC BEACH FL 32233				
TITLE	D <input type="checkbox"/> DELETE				
NAME	COOPER, DWIGHT				
STREET ADDRESS	2040 GREEN HERON POINT				
CITY- ST- ZIP	JACKSONVILLE BEACH FL 32250				
TITLE	D <input type="checkbox"/> DELETE				
NAME	CURRAN, JAMES				
STREET ADDRESS	150 HUSSON AVENUE, #30				
CITY- ST- ZIP	BANGOR ME 04401				
TITLE	D <input type="checkbox"/> DELETE				
NAME	CANTALUPO, DONALD				
STREET ADDRESS	1663 BLUE HERON LANE				
CITY- ST- ZIP	JACKSONVILLE BEACH FL 32225				
TITLE	D <input type="checkbox"/> DELETE				
NAME	O'BRIEN, KELLY				
STREET ADDRESS	829 SOUTH 1ST STREET, 3C				
CITY- ST- ZIP	JACKSONVILLE BEACH FL 32250				
TITLE	D <input type="checkbox"/> DELETE				
NAME	TINGLE, WILLIAM				
STREET ADDRESS	244 CEDAR PARK CIRCLE				
CITY- ST- ZIP	SARASOTA FL 34242				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY- ST- ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY- ST- ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY- ST- ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director, or on an attachment with an address.					
SIGNATURE:  REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4/17/97

904 554-8000