

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

97 JAN 16 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077701 (7)

1. Corporation Name

TOP FLIGHT TRANSPORTATION, INC.

Principal Place of Business

370 WHOOPING LOOP #1120
ALTAMONTE SPRINGS FL 32701

370 WHOOPING LOOP #1120
ALTAMONTE SPRINGS FL 32701

REINSTATEMENT 1996



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/05/1995		N/A	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3338323		Not Applicable	
24 Country		29 Country		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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOPOROWSKY, WILLIAM R
370 WHOOPING LOOP #1120
ALTAMONTE SPRINGS FL 32701

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: GLADYS J. TOPOROWSKY TREASURER *Gladys J. Toporowsky* 10-4-96
Signature typed in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. WILLIAM R. TOPOROWSKY		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WILLIAM TOPOROWSKY	1.2 NAME	
STREET ADDRESS	370 WHOOPING LANE SUITE 1120	1.3 STREET ADDRESS	100002064991--8
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	1.4 CITY-ST-ZIP	-01/22/97--01145--002
TITLE	VICE PRESIDENT	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NICHOLAS TOPOROWSKY	2.2 NAME	***375.00
STREET ADDRESS	17752 BLAZING STAR DRIVE	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	STRONGSVILLE, OH 44136	2.4 CITY-ST-ZIP	
TITLE	SECRETARY	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VERONICA TOPOROWSKY	3.2 NAME	
STREET ADDRESS	370 WHOOPING LANE SUITE 1120	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	3.4 CITY-ST-ZIP	
TITLE	TREASURER	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GLADYS TOPOROWSKY	4.2 NAME	
STREET ADDRESS	17752 BLAZING STAR DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gladys J. Toporowsky* 10-4-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)