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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000004576 (0)**

TOP TEN TECHNOLOGIES INC.

Principal Place of Business Mailing Address 4213 HUNTING TRAIL **4213 HUNTING TRAIL** LAKE WORTH FL 33467-3515 LAKE WORTH FL 33467 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1996 N/A Applied For 4. FEI Number 2. Principal Flace of Business 2a. Mailing Address 65-0631931 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country  $Z_{\rm ID}$ This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. STE 211 Street Address (P.O. Box Number is Not Acceptable) 82 PALM BEACH GARDENS FL 33418 83 84 City 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 4 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed han e of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition THLE 1.1 TITLE MUSCO, RICHARD CR2E034 1.2 NAME NAME **4213 HUNTING TRAIL** STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 33467 1.4 CITY - \$1 - 2IP CITY - ST- 2IF Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - St - ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 011Y - \$1 - 7IP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CHY-ST-ZIP CITY-S1-712 DELETE Addition Change 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP CITY-S1-ZiP DELETE Addition Change 6.1 TITLE TITLE 6.2 NAME 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

SIGNATURE:

STHEFF ADDRESS

CHY-ST-ZIP

- RYCHARD 6 MUSCO

561-968-6954

FILED

Mar 31 1997 8:00am

Secretary of State