## 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 # P9600006239 (3)

TOP EXEC, INC.

Principal Plac	e of Business	Mailing Add	ress				<b>#1110</b>	
80 EMERALD CT. 80 EMERALD CT. SATELLITE BEACH FL 32937 80 EMERALD CT. SATELLITE BEACH FL 32937-3				7-3952				
						3. Date Incorporated or Qualified 3e. Di 01/17/1996	ate of Last Report	
<del></del> 1	lace of Business	2a. Mailing A	ddress		<del></del>	4. FEI Number	Applied For	
21 Suite, Apt	# etc	26 Suite. Ap	t # etc			59-3403287	Not Applicable  \$8.75 Additional	
22	.,	27				5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & St.	ate			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip 29		Countr 30	У.	8. This corporation has liability for intangible Florida Statutes  Yes		
[4]	9. Name and Address of Currer			301		10. Name and Address of New Registered		
ANA	MS, ROBERT A			8	Name			
	MERALD CT.			8	Stroot Add	ress (P.O. Box Number is Not Acceptable)		
	ELLITE BEACH FL 32937					ress (F.O. Bux Number is Not Acceptable)		
				83	3			
				84	City	Fl	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	)2 and 607.1508, F	lorida Statute	es, the abo	ve-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	f changing its registered	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	eof Florida, Such c ations of, Section (	hange was a 607.0505, Flo	iuthorized t irida Statuti	by the corporations.	tion's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE								
	Signorize Typon or punted native or regularen age		(NOTE		gent signature requi	red when reinstating) DATE		
12.		D DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DVT   ADAMS, ROBERT A	L.	") DEFEIR	1.1 TITLE			Change Addition	
NAME PROFES AGRESSES	80 EMERALD CT.			1.2 NAME				
STREET ADDRESS CITY - ST - ZIP	SATELLITE BEACH FL 32937				ET ADDRESS			
TITLE	DPS		DELETE	1.4 CITY - 2.1 TITLE	<del></del>		Change Addition	
NAME	MCNULTY, RHONDA J			2.2 NAME				
STREET ADDRESS	864 BRISBANE ST., NE				ET ADDRESS	en e		
CITY - ST - ZIP	PALM BAY FL 32907			2. 4 CITY	-ST-ZIP			
TITLE		L	DELETE	3.1 TITLE			Change Addition	
KAME				3.2 NAME			•	
STREET ADDRESS				3.3 STRE	ET ADDRESS			
C:TY - ST - ZIP		···		3.4. CITY	~~~	.,		
THLF		Ŀ	DELETE	4.1 TITLE			Change Addition	
NAME				4. 2 NAM				
STREET ADDRESS					ET ADDRESS			
City - St - ZiP			DELETE	4.4 CITY		F	Charge El Milita	
TITLE NAME		L.	→ DEFERE	5.1 TITLE 5.2 NAME			Change Addition	
STREET ADDRESS					ET ADDRESS			
City - St - 7IP				5.4 CITY-				
TITLE			DELETE	6.1 TITLE	Q1 TEIF		☐ Change ☐ Addition	
NAME		_		6.2 NAME	:		The second secon	
STREET ADDRESS					ET ADDRESS			
CITY-SY-ZIP				6.4 CITY				
14. I do here	by certify that the information supplie	o with this filing do	oes not qualif	v for the ex	omntion state	d in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	
i airi an o	or inclicated on this arriual report or sofficer or director of the corporation of the Block 12 or Block 13 if changed, o	r the receiver or tru	usiee empow	erea to ex€	cute this repo	t my signature shall have the same legal effect a rt as required by Chapter 607, Florida Statutes; a	s ii made under oath; that ind that my name	

**SIGNATURE** 

GHAT A AMUS VICE PRES.
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNATURE OF DIRECTOR
SO SECT.

1-23-97

407-777-1969

Daytime Phone #

**FILED** 

Jan 29 1997 8:00am

Secretary of State