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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032045

8908 SO FEDERAL HIGHWAY PRT ST LUCIE FL 34952	8908 SO FEDERAL HIGHWAY PRT ST LUCIE FL 34952
Principal Place of Business	2a. Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90199 033 ***150.00

NAME BROWN, MARY ANN 12 MAVE 13 STREET ADDRESS 14 CITY-ST-ZIP	TOP PRODUCER REALTY, INC.									1 10511051 115 10115 51111 55111 55		1111 0 (1 0 11 00 1	(* 61861 6 18 1881
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Suite, Apt. #, etc. Status Desired \$8.75 Additional Fee Required Sp. 00 May Be Trust Fund Contribution Addited to Fees Additional Sp. 20 Sp	2. Principa	. Mailing Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_				applied For			
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Zip Country	City & State								· · ·				
28			Compa								1.to Fees		
S. Name and Address of Current Registered Agent BROWN, MARY ANN 2409 WILDERNESS DRIVE FORT PIERCE FL 34982 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE SIGNATURE SIRVE DEFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE D NAME SIRVET ADDRESS SIRVE TADDRESS CITY-ST-2P DBROWN, MARY ANN 2409 WILDERNESS DRIVE 13. STREET ADDRESS CITY-ST-2P DBROWN, MARY ANN 13. STREET ADDRESS CITY-ST-2P DBROWN, MARY ANN 13. STREET ADDRESS CITY-ST-2P DBROWN, MARY ANN 14. STREET ADDRESS CITY-ST-2P DELETE 22. TITLE 22. STREET ADDRESS CITY-ST-2P DBROWN, MARY ANN 13. STREET ADDRESS CITY-ST-2P Change Additional Additi				20		_	iti y				ent year int		□No
BROWN, MARY ANN 2409 WILDERNESS DRIVE FORT PIERCE FL 34982 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes. 13. Street Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes. 15. Street Address (P.O. Box Number is Not Acceptable) 16. City FL 85 Zip Code 17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes. 18. Address of P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Add	24	9. Name				30			т.		Registered		
2409 WILDERNESS DRIVE FORT PIERCE FL 34982 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0509, Florida's Clauture. SIGNATURE 12.							81	Name				T	
2409 WILDERNESS DRIVE FORT PIERCE FL 34982 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, and accept the obligations of, Sections 607.0502 frontial Statutes. SIGNATURE Signature. Speed or printed fame of implationed agent and tax of applicables. (NIOTE Registered Agent algorithm regions when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIME D OFFICERS AND DIRECTORS 11. TIME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIME D Change Addition STREET ADDRESS CITY-ST-ZP TIME DELETE 21. TIME 22. STREET ADDRESS CITY-ST-ZP TIME DELETE 31. TIME 22. ANDE 22. STREET ADDRESS CITY-ST-ZP TIME DELETE 41. TIME 22. ANDE 33. STREET ADDRESS CITY-ST-ZP TIME DELETE 41. TIME Change Addition	В	ROWN, MAR	y ann			-	-	Chun at Ad		(D.O. Boy Number is Not Assest	ablo)		
SIGNATURE Signature, Typed or protect name of ingistered 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, 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, 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, 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, or both, in the State of Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13.							02	Street Aut	, Address (P.O. Box number is Not Acceptable)				
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, 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, or both, in the State of Florida. Statutes. SIGNATURE	F	ORT PIERCE	FL 34982			,	83						
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, 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, or both, in the State of Florida. Statutes. SIGNATURE							84	City				85 7ir	Code
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 and time affective the obligations of, Section 607, 505, Florida Statutes. SIGNATURE Signature, lyed or printed name of ingistered agent and time applicables. (NOTE: Registered Agent signatures required when intentions) DATE			,									.	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SignATURE Signature, typed or pristed reame of inglatered appril and title of applications. (NOTE: Respective)	11. Pursua	ant to the provi	sions of Sections 607.0502	and (507.1508, Florida Statute	s, the ab	ove	e-named cor	rpora	ation submits this statement for the	purpose of	changing it	ts registered registered
Signature. Systed or printed remote integlational goapet and time if applicables. (NOTE: Registered Agent signature required when integlational processors 12.	agent.	. I am familiar v	ith, and accept the obligation	ons o	f, Section 607.0505, Flor	ida Statu	tes.	,		s board at directors, I flores) desce	or ma appar		-
12.	SIGNATURE												
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14. Learning actification intermedian currently with this filing does not qualify for the exemption stated in Section 110 07(3(ii) Florida Statutes 1 further certify that the information	CITY-ST-ZIP						_						

I nerepy 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 cath; that I am an officer or director of the corporation or the receiver or trustee emproyeered 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: