

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10f2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000054537 (1)

1. Corporation Name
ASN TOP SPOT, INC.

FILED
97 AUG -5 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
106 ISLAND VIEW DRIVE
INDIAN HARBOR FL 32937

Mailing Address
106 ISLAND VIEW DRIVE
INDIAN HARBOR FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

3a. Date of Last Report

06/26/1996

4. FEI Number

59-3381285

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, LAURIE
511 BAY STREET #400
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D-P
NAME ROBERTS, HAROLD
STREET ADDRESS 106 ISLAND VIEW DRIVE
CITY-ST-ZIP INDIAN HARBOR FL 32937

1.1 TITLE D-S
1.2 NAME RICH BELL
1.3 STREET ADDRESS 122 LA PENINSULA BLVD.
1.4 CITY-ST-ZIP NAPLES, FL 33962

TITLE D
NAME KRZESINSKI, THOMAS
STREET ADDRESS 720 APALACHEE DRIVE N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33702

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 500002262045--9
2.4 CITY-ST-ZIP -08/08/97--01108--023
***165.00 ***165.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 changed, or on an attachment with an address.

CR2E034 (4/97)

20f2

A S N Top Spot Inc.

106 Island View Dr.

Indian Harbour Beach, Fl 32937

Phone (407) 779-0667 Fax (407) 777-6907

Dear Divisions of Corporations,

We moved and have no record of receiving a first notice of our annual incorporation fee. Therefore, please accept our check for \$165 as payment for the fee since we just became aware of it being due. Thank you very much for your help in this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Harold Roberts", written in a cursive style.

Harold Roberts, President