

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90181 035 ***150.00

20048001



01172005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0691241 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOPPEL, MICHAEL
7900 GLADES ROAD
SUITE 420
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7900 Glades Rd. Suite #600
City Boca Raton FL Zip Code 33434

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Michael Toppel *[Signature]* 4/19/05
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TOPPEL, HAROLD	
STREET ADDRESS	7900 GLADES RD, STE 420	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TOPPEL, MICHAEL	
STREET ADDRESS	7900 GLADES RD, STE 420	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TOPPEL, JONATHAN	
STREET ADDRESS	7900 GLADES RD, STE 420	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold Toppel	
STREET ADDRESS	7900 Glades Rd. Suite #600	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Toppel	
STREET ADDRESS	7900 Glades Rd. Suite #600	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jonathan Toppel	
STREET ADDRESS	7900 Glades Rd. Suite #600	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheri Sauer	
STREET ADDRESS	7900 Glades Rd. Suite #600	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Kassebaum	
STREET ADDRESS	7900 Glades Rd. Suite #600	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Harold Toppel Pres 4/19/05 561-451-4688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #