

FROM: TOP NOTCH

PHONE NO. : 9547920999

03031999-90063-008-\$150.00-\$150.00

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90063 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P980000218761. Corporation Name
TOP NOTCH, INC.Principal Place of Business
5589 WHIRLAWAY ROAD
PALM BEACH GARDENS FL 33418Mailing Address
5589 WHIRLAWAY ROAD
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6250 Palm Trace #103 Suite, Apt. #, etc. 22 #103 City & State 23 DAVIE FL Zip 24 33314 Country 25 USA	2a. Mailing Address 26 6250 Palm Trace Suite, Apt. #, etc. 27 #103 City & State 28 DAVIE FL Zip 29 33314 Country 30 USA
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3. Date Incorporated or Qualified 03/09/1998	4. FEI Number 65-0820354	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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-252510. Name and Address of New Registered Agent
81 Name
George E. Harris, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Rd., #201
83
84 City
Palm Beach Gardens FL 85 Zip Code
33410

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]* (NOTE: Registered Agent signature required when registering) DATE **4/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **Kristina Krueger** 2/11/99
DATE: **2/11/99**

CR2E034 (11/98)