| FILE NOW: | FILING FEE | ACTED M | TOL VA | IC \$550 00 |
|-------------|------------|-----------|---------|-------------|
| · LIFE MOM: | FILING FEE | : AFIER N | IAT ISI | 19 9550.00 |

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT | Ħ | P98000045271 |
|----------|---|--------------|
| DOCOMENT | Ħ | P98000045271 |

1. Corporation Name

TOP NOTCH OFFICE INSTALLATION, INC.

| Principal Place | e of Business | Mailing Address | | I TODATOON IND TOTAL ROUTE BOTT STARK ORAL ODA | |
|------------------------|--|--|---|--|--|
| 3799 NORTHWE | EST 4TH COURT FL 33431 | 3799 NORTHWEST 4TH COU- BOCA RATON FL 33431 | RT | | |
| | | | | DO NOT WRITE IN THE | S SPACE |
| | | | | 3. Date incorporated or Qualified | |
| 5 Principal D | lace of Business | 2a. Mailing Address | | 05/20/1998 4. FEI Number | T factor |
| 21 21 | lace of business | 26 | | 65-0837015 | Applied For Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt #, etc | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired [] | Fee Required |
| City & Stati | е | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country 25 | Z-p | Country -1 | 8. This corporation owes the current year to | itangible [Yes []No |
| 24 | 9. Name and Address of Current | 29 3 Registered Agent | ol [| Personal Property Tax 10. Name and Address of New Registered | - · · · · · · · · · · · · · · · · · · · |
| | | | 81 Name | | |
| | RILAWYER | | 82 Street Add | iegel & Utrera, P.A. dress (P.O. Box Number is Not Acceptable) | |
| | ALMERIA AVENUE | | | 343 Almeria Avenue | |
| COR | AL GABLES FL 33134 | | 83 | | |
| | | | 84 City Ca | . 1 0 1 1 | 85 Zin Goden |
| | Time the second of concession | | 1 60 | ral Gables Fi | _ 33134 |
| Ø‱ice or re | egistered agent, or both, in the State of | Florida, Such change was auth | varized by the comaral | poration submits this statement for the purpose o bon's board of directors. Thereby accept the appo | r changing its registered intruent as registered |
| | m tamilians in land accept the trial | pos of Section 607.0505, Florid | la Statutes | 11/1. | 9/95 |
| SIGNATURE | By: Signature typed or a North All grant All the | rera. Vice Pro | ag i dento e | netwhere returns | 771 |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | PTD | []DELETE | 11Title | | [] Change [1] Addition |
| NAME | PINKOCZE, GARY A | | 1.2 NAME | 800000288 | 23785 |
| STREET ADDRESS | 3799 NORTHWEST 4TH COURT | | 13 STREET ACORESS | -US/04/99- ****150,0 | 01087008 |
| CITY-ST-ZIP TITLE | BOCA RATON FL 33431 SVD | []] DELETE | 14 GITY-S1-7(F) | ማጭምት (201) _የ ይ | [] *****15[]_[][] []Change []Additon |
| NAME | PINKOCZE, ELIZABETH A | E. / DEECTE | 2.2 NAME | | [Change E Page On |
| STREET ADDRESS | 3799 NORTHWEST 4TH COURT | | 23 STREET ADORESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | 2 4 0/14 - \$1 - 2/19 | | |
| TITLE | | [] DELETE | 3 ! TITLE | | [Change |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-\$T-ZIP | | | 34 Cin St-Zir | | |
| TITLE | | [DECETE | 4 1 111 LE | | [Change [Addition |
| NAME OTOEST ADDOSCO | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4 3 \$!REE LADORESS 4 4 CHY-\$1-ZW | | |
| TITLE | | [DELETE | 5 1 TillE | | [Change [Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 535TREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 Off Y-51-ZiP | | |
| TITLE | | [] DELETE | 6 1 THUF | | [Change Addition |
| NAME | | | 6.2 NAME | _ // / | |
| CTDEET ANNIBECC | | | 6.3 STREET ADDRESS | - 11 | |

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)). 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 legial 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 697. 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:

CITY-ST-ZIF

4/01/99 561-392-2068