


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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90072 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999 1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																					
<b>DOCUMENT # P98000093461</b> 1. Corporation Name <b>TOP HAT TRUCKING, INC.</b>																																																																							
Principal Place of Business <b>252 LAKESIDE CIRCLE SUWAISE FL 33326</b>		Mailing Address																																																																					
2. Principal Place of Business <b>21 3322 GARFIELD ST</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Hollywood FL</b> Zip Country <b>24 33021 25 USA</b>		2a. Mailing Address <b>26 3322 GARFIELD ST</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Hollywood FL</b> Zip Country <b>29 33021 30 USA</b>																																																																					
9. Name and Address of Current Registered Agent <b>HENDREN, WILLIAM 252 LAKESIDE CIRCLE SUWAISE FL 33326</b>		10. Name and Address of New Registered Agent <b>81 Name HENDREN, WILLIAM</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 3322 GARFIELD ST</b> <b>83</b> <b>84 City Hollywood FL FL 85 Zip Code 33021</b>																																																																					
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 <b>William E Hendren</b> <b>WILLIAM HENDREN</b> <b>Pres 43099</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>																																																																							
12. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP																													13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><thead><tr><th>11 TITLE</th><th>12 NAME</th><th>13 STREET ADDRESS</th><th>14 CITY-ST-ZIP</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>		11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP																																
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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.

SIGNATURE: **William E Hendren** **WILLIAM HENDREN** **Pres 43099 954 4589858**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: 0 Phone: #

CR2E034 (10/97)