


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000041724
 1. Entity Name
TOPPEL ACQUISITION CORP.



Principal Place of Business 7900 GLADES RD., STE. 420 BOCA RATON, FL 33434	Mailing Address 7900 GLADES RD., STE. 420 BOCA RATON, FL 33434
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01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0934954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAUER, SHERILYN
 7900 GLADES RD., STE. 420
 BOCA RATON, FL 33434

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOPPEL, HAROLD 7900 GLADES RD STE 420 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOPPEL, MICHAEL 7900 GLADES RD STE 420 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOPPEL, JONATHAN 7900 GLADES RD STE 420 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/01/04-80028-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Harold Toppel **Harold Toppel** **3/26/04** **561-451-4696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #