FILED Jul 23, 2004 8:00 am **Secretary of State**

2004 F	OR PROFI	T CORPO	RATION
:	ANNUAI	. REPORT	

DOCUMENT # P03000038380 07-23-2004 90002 006 ***150.00 TOPS REAL ESTATE MANAGEMENT INC. Principal Place of Business Mailing Address 54064545 3604 SOUTH OSPREY AVE. 3604 SOUTH OSPREY AVE. SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122004 Cha-P CR2E034 (10/03) City & State 4. EEI Number Applied For City & State 65-1181177 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAGNER, E. JOHN II Street Address (P.O: Box Number is Not Acceptable) 200 SOUTH ORANGE AVE. SARASOTA, FL 34236 City 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 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees -Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ĎΡ Change Addition ☐ Delete TITLE TITLE TOPJUN, COLBY 3604 SOUTH OSPREY AVE. NAME NAME STREET ADDRESS STREET ADDRESS SARASOTA, FL 34239 CITY-ST-ZIP CITY-ST-ZIP DVST XXAddition ☐ Delete Change TITLE TOPJUN, TRACY E. NAME 3604 SOUTH OSPREY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA, FL 34239 Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. COLBY TOPJUN AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #