

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043199 (7)

1. Corporation Name
TOP REP INC.



Principal Place of Business

1291 CROWN POINT
WELLINGTON FL 33414

Mailing Address

1291 CROWN POINT
WELLINGTON FL 33414

2. Principal Place of Business	2a. Mailing Address
21 1397 BRAMPTON COVE	26 1397 BRAMPTON COVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 WELLINGTON FL	28 WELLINGTON FL
Zip	Zip
24 33414	29 33414
County	County
25 PALM BCH	30 PALM BCH

3. Date Incorporated or Qualified	3a. Date of Last Report
06/18/1993	04/28/1995
4. FEI Number	Applied For
65-0421348	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 has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANITZ, CHRISTOPHER B JR
1291 CROWN POINT
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
1397 BRAMPTON COVE
83.
84. City
WELLINGTON
FL
85. Zip Code
33414

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 607.0405, Florida Statutes.

SIGNATURE *Chris B. Brant*

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GRANITZ, CHRISTOPHER B JR.	1.2 NAME	
STREET ADDRESS	1291 CROWN POINT	1.3 STREET ADDRESS	1397 BRAMPTON COVE
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP	WELLINGTON, FL. 33414
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

Date

407-795-4374

Daytime Phone #

CR2E034 (12/95)