

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **595194** (2)

1. Corporation Name  
**TOPS 'N TOPS, INC.**



Principal Place of Business  
**6790 N.W. 37TH AVE. MIAMI FL 33147**

Mailing Address  
**6790 N.W. 37TH AVE. MIAMI FL 33147**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 County

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Dated Incorporated or Qualified **11/13/1978** 3a. Date of Last Report **03/10/1995**

4. FEI Number **59-1859730** Applied For 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

**HCRM CORP.  
1900 CORPORATE BLVD., N.W.  
SUITE 400, WEST BUILDING  
BOCA RATON FL 33431**

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

11. Pursuant to the provisions of Sections 607.0101 and 607.1520, 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. The city, county and appointment as registered agent I am familiar with and accept the responsibility of Sections 607.0101 and 607.1520.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                  |                         |                                  |
|------------------|-------------------------|----------------------------------|
| TITLE            | DC                      | <input type="checkbox"/> DELETED |
| NAME             | REGAN, MICHAEL C.       |                                  |
| STREET ADDRESS   | 160 COMMONWEALTH AVE    |                                  |
| CITY, STATE, ZIP | BOSTON, MH              |                                  |
| TITLE            | P                       | <input type="checkbox"/> DELETED |
| NAME             | WHITE, PETER B.         |                                  |
| STREET ADDRESS   | 6 GREENLEAF WOODS, #201 |                                  |
| CITY, STATE, ZIP | PORTSMOUTH NH           |                                  |
| TITLE            | VS                      | <input type="checkbox"/> DELETED |
| NAME             | POPOCK, BARRY           |                                  |
| STREET ADDRESS   | 5355 N. SPRINGS WAY     |                                  |
| CITY, STATE, ZIP | CORAL SPRINGS FL        |                                  |
| TITLE            |                         | <input type="checkbox"/> DELETED |
| NAME             |                         |                                  |
| STREET ADDRESS   |                         |                                  |
| CITY, STATE, ZIP |                         |                                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|    |                  |   |
|----|------------------|---|
| 1  | TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2  | NAME             |   |
| 3  | STREET ADDRESS   |   |
| 4  | CITY, STATE, ZIP |   |
| 5  | TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6  | NAME             |   |
| 7  | STREET ADDRESS   |   |
| 8  | CITY, STATE, ZIP |   |
| 9  | TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10 | NAME             |   |
| 11 | STREET ADDRESS   |   |
| 12 | CITY, STATE, ZIP |   |
| 13 | TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14 | NAME             |   |
| 15 | STREET ADDRESS   |   |
| 16 | CITY, STATE, ZIP |   |

14. I do hereby certify that the information supplied with this form is true and correct. I do not qualify for the exemption stated in Sec. 607.1520, Florida Statutes. I further certify that the information included on this form is based on the supplemental annual report as 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 otherwise authorized person 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 is in agreement with an address.

SIGNATURE: *Barry A. Popock* Barry Popock V.P. 4/15/96 305-696-3887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)