

**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, ST, ZIP	BOSTON, MH	
TITLE	P	<input type="checkbox"/> DELETED
NAME	WHITE, PETER B.	
STREET ADDRESS	6 GREENLEAF WOODS, #201	
CITY, ST, ZIP	PORTSMOUTH NH	
TITLE	VS	<input type="checkbox"/> DELETED
NAME	POPOCK, BARRY	
STREET ADDRESS	5355 N. SPRINGS WAY	
CITY, ST, ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, 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, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	TITLE	
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	TITLE	
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	TITLE	
14	NAME	
15	STREET ADDRESS	
16	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	TITLE	
18	NAME	
19	STREET ADDRESS	
20	CITY, ST, 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 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 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)