FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G77539

(6)

TOPS 'N' TRAVEL, INC.

Principal Place of Business

Mailing Address

FILED May 13 1997 8:00am Secretary of State



% BERT E. RO 120 SOUTH DII WINTER GARDI	LLARD STREET	% BERT E. ROPER 120 SOUTH DILLARD STR WINTER GARDEN FL 3478			Date Incorporated or Qualified	3a. Date of Las	Report
					01/04/1984	04/26/1996	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-2344247	F4	Not Applicable	
Sulte, Apt.	#, elc.	Suite, Apt. #, etc.	han in the second of the secon		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat	do.	City & State			• 50.00		'
23		26			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 24	Country	Country 7ip Co		intry	8. This corporation has liability for intengible tax under s, 199.032, Florida Statutes ✓ Yes ☐ No		
 -	9, Name and Address of Curr		13-1		10. Name and Address of New Reg	gistered Agent	
ROP	PER, BERT E.			81 Name			
120 SOUTH DILLARD STREET				82 Street Ad	Address (P.O. Box Number is Not Acceptable)		
WINTER GARDEN FL 34787							
∄10 °.				83			
				84 City		FL 85 Z	p Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.03 registered agent, or both, in the Sta am familiar with, and accept the obt	502 and 607.1508, Florida Statu te of Florida Such change was igalions of, Section 607.0505, F	ites, the a authorize Iorida Sta	pove-named co d by the corpor utes.	rporation submits this statement for the p ation's board of directors. I hereby accep		its registered as registered
SIGNATURE	Disables Lead as disable at the same at th		at the entr		juked when reinstaling)	DATE	
12.	Signature, typed or printed name of registered a	ND DIRECTORS	11 - Registere	a Agent signature red	ADDITIONS/CHANGES TO OFFIC	-	ORS IN 12
TITLE	I DP	DELETE	1.1 10	TLE T	ADDITIONO, OF ANOLO TO OFFICE	Chang	
NAME	ROPER, BARBARA C.	and over the	1.2 N				
STREET ADDRESS	120 SOUTH DILLARD STREE	T		REEL ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL			TY-ST-7IP			
TITLE	DS	☐ DELETE	2111			Chang	e Addition
NAME	ROPER, BERT E.		ME.				
STREET ADDRESS	120 SOUTH DILLARD STREE	I	2.3 \$	REET ADDRESS			
CITY-ST-ZIP				11Y-S1-ZIP			
TITLE			3.1 11			L_ Chang	a Addition
NAME	STAFFORD, REBECCA R. 32h 120 SOUTH DILLARD STREET 33s		···				
STREET ADDRESS	120 SOUTH DILLARD STREE	1	- 6	REET ADDRESS			
CITY-ST-ZIP	AST	DELFTE	3.4 C 4.1 TI	ITY-ST-ZIP		Chang	e Addition
NAME	KING, EDWARD	_ Mille	4.11			First Cuality	
STREET ADDRESS	120 SOUTH DILLARD STREE	Т		REET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL			TY-ST-ZIP			
TITLE		DELETE	511			Chang	e Addition
NAME			5 2 N	AME		•	
STREET ADDRESS			5.3 S	REET ADDRESS			
CITY-ST-ZIP			5.4 D	1Y-ST-71P			
TITLE		☐ DELETE	6.1 71			Chang	e 🔲 Addition
NAME			6.2 N	λMέ			
STREET ADDRESS	ļ		6.3 S	ree1 address			
CITY-ST-ZIP			6.4 C	1Y-\$T-ZIP			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustog empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name