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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J04239

ORLANDO FL 32806

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CATY-ST-ZIP

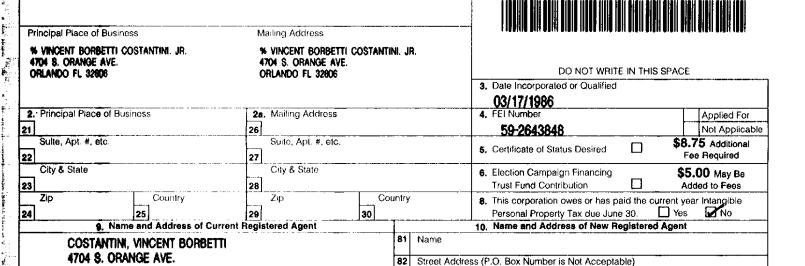
TITLE

NAME

(6)

TOPS IN DETAIL, INCORPORATED

FILED		
May 05	1998	8:00am
Secret	ary of	State



83 City

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 607.0505, Florida Statutes.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PO DELETE 1.1 TITLE Change Addition TITLE COSTANTINI. VINCENT B. NAME 1.2 NAME **450 GATLIN AVENUE** STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE COSTANTINI, PAULA NAME 2.2 NAME 450 gatlin avenue STREET ADDRESS 2.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. I 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 trustee 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 on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

CR2E034 (10/97)

Zip Code

Change

Addition