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NONPROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCL	JMENT	# N	1442	62
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(6)

	TOPHER HOUSE, INCORPO	RATED						
Principal Place of Business Mailing Address				ID IKAN BITEN DA				
525 8TH AVENUE, N. 525 8TH AVENUE, N. ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701								
6 Division (6)					3. Date Incorporated or Qualified 07/15/1991	I	ate of Last 04/27/1	
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number	' <u></u>		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-3082473			Not Applicable
2		27			5. Certificate of Status Desired	≱ (5 Additional `Required
City & State	3	City & State			6. Election Campaign Financing			May Be
13		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible ta		
4	25 9. Name and Address of Current	29	30		Florida Statutes	☐ Yes ☐	No	
	a. Harrie and Address of Cuffent	negistered Agent		81 Name	10. Name and Address of New R	legistered /	Agent	
DI ITI CO	, W. JAMES			Name				
	, W. JAMES EW STREET			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
SUITE C			ŀ	83				
	ATER FL 34625							
				64 City		FL	85 Zip	p Code
or registers	o the provisions of Sections 617.0502 a and agent, or both, in the State of Florida h, and accept the obligations of Section	Such change tune a that's	os, the abo	ve-na-neu corpc	oration submits this statement for the pur	pose of cha	nging its r	egistered office
familiar with SIGNATURE		n 617.0503, Florida Statutes	i.	orporador a poc	and or directors. Thereby accept the appo	ointment as	registered	Lagent, Lam
familiar with	Signature, typed or printed name of registered agent an	n 617.0503, Florida Statutes id title if applicated: (NO	E Registered	orporation's boa	and or directors. Thereby accept the appoint	DATE	registered	
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attrachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SANING OFFICER OR DIRECTOR

Day-inter Proces.