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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000003521

TOP PUBLISHING INCORPORATION

Principal Place	of Business	Mailing Address			1 14011401 (15 1676) (11(1 601)) 401(1 601)(1	**************************************	(100
13151 SE 127TH PcL PO BOX 1231							
PO BOX 1231 DUNNELLON FL 34430					DO NOT WIDITE IN THE	CDACE	
DUNNELLON FL 34431 . US				• ,	DO NOT WRITE IN THIS	SPACE	
US				•	3. Date Incorporated or Qualifed		1
					01/15/1993		-lied For
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number	1 1 1 1 1 1 1 1 1 1 1 1	plied For
21 26					65-0381885		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired [\$8.75 A	
22 27							
City & State	. ,	City & State	y & State		6. Election Campaign Financing	\$5.00 Added to	
23		28	Country		Trust Fund Contribution		o rees
Zip 	Country	Zip	`		This corporation owes the current year Int Personal Property Tax.		□No
24	25	29 30	<u> </u>		10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of Now Rogistatos		
GRO	GAN-WENDOFF, L DIAN		Ľ				
13151 SE 127TH PL			82	Street A	ddress (P.O. Box Number is Not Acceptable)	٠,	. ј
DUNNELLOMN FL 34431			83				
DOIN	INCECOMINA LE SATO I		53	1	· ·		j
			84	City	FL	85 Zip 0	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	, the above	e-named c	orporation submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with god accept the oblig	e of Florida. Such change was auth	гопиеа бу	the corpor	ration's board of directors, Thereby accept the appoin	attinent as ro	gistered
agent, i a	m ramiliar with and accept the oblig	ations of, period out 000,0005, Florida		1.	4-28	-99	- 1
SIGNATURE	Slopatore, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	egistered Ager	nt signature rec			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PSTD DELETE		1.1 TILE			Change	☐ Addition
NAME	GROGAN-WENDOFF, L DIAN		1.2 NAME	1		•	Ì
STREET ADDRESS	13151 SE 127TH PL	!	1.3 STREE	TADDRESS			
CITY-ST-ZIP	DUNNELLON FL		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE			Change	☐ Addition
NAME	WENDOFF, MARVIN			l			ļ
STREET ADDRESS	13151 SE 127TH PL		I	TADDRESS			_ }
	DUNNELLON FL	ļ	2.4 CITY-5	^ I	,		İ
CITY-ST-ZIP TITLE			3.1 TITLE			Change	Addition
NAME	·		3.2 NAME				
		l		TADORESS	•		1
STREET ADDRESS			3.4. CITY-5				ļ
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE	21-21	•	Change	Addition
			4. 2 NAME	ĺ		-	{
NAME				T ADDRESS			}
STREET ADDRESS	<i>,</i>)
CITY-ST-ZIP	<u> </u>	□ DELETE	4.4 CITY-S 5.1 TITLE	1-219		Change	Addition
TITLE		- Deceie	5.1 THE 5.2 NAME				, 3,
NAME			1	T ADDRESS			
STREET ADDRESS			ľ	(}
CITY+ST-ZIP		- Operate	5.4 CITY-S 6.1 TITLE	11-2IF		[] Change	Addition
TITLE		☐ DELETE	0.1 11112				

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, with all other like empowered.

SIGNATURE

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90043 032 ***150.00