FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000034670 (7)

TOPPER REALTY, INC.

Principa!	Place	of i	Business

Mailing Address



10302 NORTH NEBRASKA AVENUE TAMPA FL 33612		10302 NORTH NEBRAS TAMPA FL 33612	10302 NORTH NEBRASKA AVENUE TAMPA FL 33612			
2. Principal F	Place of Business	2a Mailina Address			3. Date incorporated or Qualified 05/09/1994	3a. Date of Last Report 05/01/1995
21 135	40 N. FLORIDAAK	2a. Mailing Address V. 26 13540 <i>N</i>.	FLOR	PLAN A	4. FEI Number 59-3241435	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #_ otc.		1071 11		Not Applicable \$8.75 Additional
City & Stat	103-3	[27] #103-	ے _		Certificate of Status Desired	Fee Required
23 7 7	mPA, FL	28 TAMP	A, F.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33	9. Name and Address of Current	A ₂₉ 336/3	Countr	4/11580		intangible tax under s 199.032,
	or readiless of Continu	Registered Agent	81	Name	10. Name and Address of New R	legistered Agent
TOPPER	, Barry R			1		
10302 N	ORTH NEBRASKA AVENUE FL 33612		82		dress (P.O. Box Number is Not Asseptab	9 VENUE
			84			
11. Pursuant t	to the provisions of Sections 807.0502 a	od 60% 1500 ft 12 6		[]]	HMPA	FL 5 3 2/2
or register familiar wit	red agent, or both, in the State of Florida th, and accept the obligations of Social	Such change was authorize	s, the above- d by the corp	named corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office
SIGNATURE	and discept the obligations of, Section	n 607.0505, Florida Statutes.			a second the appoint	mitthent as registered agent. I am
	Signature, typod or printed name of registered agont an		E. Registered Ager	it signature requir	red which reinstating)	A. C.
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 10
TITLE	=	□ DELETE	1.1 ₹171€			Change Addition
NAME	TOPPER, JUANEL H		1.2 NAME		-	
STREET ADDRESS	10302 NORTH NEBRASKA AVE	NUE	1.3 STREET	ADDRESS :	307 E. 131 ST TAMPA, FL 3	AVENDIC
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY- S	T- ZIP -	TAMPA EL	3/10
THTLE		DELETE	2 1 THILE		1111111	Change Addition
NAME			2.2 NAME			Compage Madigati
STREET ADDRESS			2 3 STREE1	ADDRESS		
CITY - ST - ZIP			2 4 Cl ¹ Y - S	I - 7IP		
TITLE		DELETE	3. 1 TITLE			Change Addition
NAME			3.2 NAME			Addition
STREET ADDRESS			3.3. STREET	ADDRESS		
ITY-ST-ZIP			34 CITY-S1	- ZIP		
TITLE		☐ DELF IE	4 1 Trile	·		Change Addition
LAME			4.2 NAME	}		onange Modition
TREET ADDRESS			4.3 STREET	ADDRESS		
ITY-ST-ZIP			4.4 C/1Y-ST	- ZIP		
ITLE		DELETE	5. 1 TITLE			Change [Addition
AME			5.2 NAME	1		T Availed T VROIIIOU
TREET ADORESS			53 STREET A	ADDRESS		
ITY-ST-ZIP			5.4 CITY-S1	i		i
TLE	· · · · · · · · · · · · · · · · · · ·	DELF TE	6. 1 TIFLE			Change PT Addit
AMÉ			6.2 NAME			Change Addition
TREE1 ADDRESS			6.3 STREET A	DDRESS		Į
1Y-ST-ZIP			1	ſ	or the exemption stated in Section 119.07	

oath, that I am an offiger or glirector 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE

HATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

5-3-96 Date 813 960-884