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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State

FINAL CONTROL OF CORROBATIONS

1	996	DIVISION OF	CORPORATIONS		
DOCUM 1. Corporation N	MENT # P950	00010362 (8)		
TOP BR	OKERS, INC.				
Principal Place o	of Business	Mailing Address			FI BONIN DOURT CIANT OREAN STRIP AIRTH SEAN SARA
725 HWY 98 E DESTIN FL 32541		725 HWY 90 E			
		DESTINA 32541		Date Incorporated or Qualified	
				02/02/1995	
2. Principal Place of Business		2a. Mailing Address	0	4. FEI Number 59-379	Applied For Not Applicable
Suite, Apt. #, etc		26 OB II	<u> </u>	21 2214:11	\$8.75 Additional
2 30Re, Apr. 4	, 610	27		5. Certificate of Status Desired	Fee Required
City & State		City & State 28 DESTIN	FL32540	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 DES 1770	Country	8. This corporation has liability for	
4	25	29	30	Florida Statutes Ye 10. Name and Address of New	S No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New	negistoreo Agent
KEOMIN	TOD		82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
Kervin, top 725 Hwy 98 E					
	FL 32541		83		
			84 City		FL 85 Zip Code
11. Pursuant to	a the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above named corpor	ation submits this statement for the p	response of phagolog its registered office
or registere familiar with	ed agent, or both, in the State of Fig., and accept the objustions of S	ilonda. Such change was authoriz Section 607.0505, Florida St <u>atute:</u>	ed by the corporation's boat	d of diet tols. The ery accept the an	pointment as registered agent Tain
SIGNATURE	topace	var !	OF KEKI		-22-7P
12.	Sign Control of process of the same	agentors the intact shable (III) AND DIRECTORS	TIE Registere i Agent segnature respuise 13.		FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 11/11 6		☐ Change ☐ Addition
NAME	KERVIN, TOP		1 2 NAME		
STREET ADDRESS	725 HWY 98 E		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DESTIN FL 32541	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		A A = 10 = 10 = 10 = 10 = 10 = 10 = 10 =
TIFLE		☐ DELETE	3 1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
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THTLE		DELETE	4 1 TITLE		Change C Accurat
NAME			4.2 NAME		
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TiTL€		[] Detter			
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS					
CITY - ST - ZIP		☐ DELETE	6 1 TITLE		Change Addit on
TITLE			62 NAME		
NAME expect appress			6 3 STREET ADORESS		
STREET ADDRESS			6 4 CITY - ST-ZIP		
CITY-ST-ZIP	and it that the information curs	slind with this filma is valuntarily ful	mished and does not qualify	for the exemption stated in Section 1:	19.07(3)(k), Florida Statutes further

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 - Flurther 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 this 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 get an attachment with an address.

SIGNATURE:

IGNATULE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

CR2E034 (12/95)