SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEFIANTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # 1. Corporation Name P95000018622 (7) TOP DOLLAR DISTRIBUTORS, INC. Principal Place of Business Mailing Address 1235-0 PROVIDENCE BLVD. 1235-0 PROVIDENCE BLVD. **DELTONA FL 32725 DELTONA FL 32725** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3298411 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žψ Country 8. This corporation has liability for intangible tax under s 199 032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MELENDEZ, ANTHONY 1235-0 PROVIDENCE BLVD. Street Address (P.O. Box Number is Not Acceptable) DELTONA FL 32725 83 R4 City Zip Code 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 agent. The following the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. The following the appointment as registered. SIGNATURE Signature, typed or priced nemicrof registered agent and the diapplicable (tiO1). Registered Agent signature required which relations DA'E 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) TITLE DELETE 1.1 TITLE President Change Addition NAME 1.2 NAME Arthony melendez 1235-0 Providence Blud. CR2E034 STREET ADDRESS 1.3 STREET ADDRESS CITY - ST-ZIP 14 CITY - ST. ZIP Deltona, FL 32725 THEF DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP THILE DELETE 3.1 TIJLE Change Add-tron NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4 City-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STAFET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4 4 CITY - ST - ZIP TITLE DELFTE 5 1 TILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 61 HJLE Change Addition NAME 6 2 NAME STREET ADDRESS REFT ADDRESS 64CTY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished a further certify that the information indicated on this annual report or supplemental ann made under eath, that I am an officer or director of the corporation or the receiver or that my name appears in Block 22 or Block 13 if changed, or on an attachment with an expectation. id does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I all report is true and accurate and that my signature shall have the same legal effect as if isstee empowered to execute this report as required by Chapte: 617, Florida Statutes, and

7-31-96 407-860-5815

SIGNATURE: 1