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 # P95000068898

1. Corporation Name

May 07, 1999 8:00 am Secretary of State

05-07-1999 90028 022 ***150.00

TOPI-PE	SAH, INC.						
Principal Place	e of Business	Mailing Address			i ibbilber ilk ibibi billi berit berit be	re edein deine steat inten	fætæt rære rææt
6735 MAUNA LOA BLVD. P. O. BOX 5293							
SARASOTA FL 34241 SARASOTA FL 34277-5293					DO NOT WRITE IN	LTUIS SBACE	
us us					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					09/05/1995		ĺ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
26					65-0612616		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27					5. Certificate of Otalus Desired	Fee Re	quired
	City & State City & State			6. Election Campaign Financing \$5.00 May			
23	28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current y		□No
24	25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Cur	THIL Registered Agent	81	Name	TO, Teams and reduces of the Model		
E. DOUGLAS SPANGLER, JR. P.A.							
1620 MAIN ST., STE. 3			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		ļ
SARASOTA FL 34236			83	<u> </u>			
				<u> </u>			
			84	City		FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the abov	re-named corp	oration submits this statement for the purp	ose of changing its	registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	m tomas man one decept me out	ganono en esemble esem					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered Age	ent signature require	- 1	ATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DP DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME TOPOLANSKI, JULIE			1.2 NAME	Į.			}
STREET ADDRESS P. O. BOX 5293 ((N//A))			1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP			☐ Change	Addition
TIFLE	_		2.1 TITLE	Ì		☐ Change	CT VOCIDO!
NAME	LEVEY, IDELLE		2.2 NAME				1
STREET ADDRESS 6735 MAUNA LOA				TADDRESS			
CITY-ST-ZIP	SARASOTA FL		2.4 C(TY-)	4 C(TY-ST-ZIP		☐ Change	Addition
TITLE			3.1 HILE				
NAME STREET ADDRESS.			1	ET ADDRESS			
			3.4. CITY-	Į.			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-ZIF		☐ Change	Addition
NAME			4. 2 NAME	:			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			}
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADORESS			

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

