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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

•	1996	DIVISION OF	CORPORATIONS		
1. Corporation	MENT # P9500 TER-TOPS ONLY INC.	00080362 (3	3)	1 130 ((4 E) 110 (4) 21 (11) DE((1) DE((1)	ODIII BEDDI JOHN DOUGE HAVE AND NOOS
Principa! Prace	of Business	Mailing Address			
Principal Piace of Business 22995 STATE ROAD 7. #109 BOCA RATON FL 33428		22995 STATE ROAD 7. #109 BOCA RATON FL 33428			
				 Date Incorporated or Qualified 10/16/1995 	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		A EC Mumber	913 Applied For Not Applicable
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			L_J Fee Required
Oity & State)	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ 	Country		Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
4	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	
	The second section of the second section of the second section of the second section s		81 Name		
	, LAWRENCE TATE ROAD 7, #109		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)
	ATON FL 33428		83		
			84 City		85 Zip Code
or registere familiar with	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	02 and 607.1508, Florida Statut vida. Such change was authoriz ction 607.0505, Florida Statute:	es, the above named corpored by the corporation's books.	oration submits this statement for the pur and of directors. Thereby accept the appo	pose of changing its registered offi pintment as registered agent. I am
or registere familiar will SIGNATURE	ed agent, or both, in the State of Flo h, and accept the obligations of, Ser Sgrunne, typed or printed name of registrood ago. OFFICERS A	orida, Such change was authorization 607,0505, Florida Statutes on and the Equipment (NY) ND DIRECTORS	ed by the corporation's books. The Registered Apart square require 13.	ard of directors. Thereby accept the appo	pose of changing its registered offi pintment as registered agent. I am DATE CERS AND DIRECTORS IN 12
or registere familiar with SIGNATURE	ed agent, or both, in the State of Floh, and accept the obligations of, Ser Signature, typed or printed name of registered age OFFICERS A	rida. Such change was authorization 607.0505, Florida Statutes	red by the corporation's boas. SEE Registered Agent signature require	and of directors. Thereby accept the appoint	pose of changing its registered off pintment as registered agent. I am DATE CERS AND DIRECTORS IN 12
or registere femiliar with SIGNATURE	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgradure, lyind or printed name of registered age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes action flacetable in N ND DIRECTORS ☐ DELETE	The Registered Agent signal an insured in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and of directors. Thereby accept the appoint	pose of changing its registered off pintment as registered agent. I am DATE CERS AND DIRECTORS IN 12
or registere femiliar wit SIGNATURE	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, lyned or printed name of registered age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428	orida: Such change was authorization 607.0505, Florida Statutes on arctitus facilitation INT ND DIRECTORS	The Registered Agent squares require 13. 1 11:ILE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	and of directors. Thereby accept the appoint	pose of changing its registered off changing its registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition
OF registers femiliar with SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP HELE	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgradure, lyind or printed name of registered age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes action flacetable in N ND DIRECTORS ☐ DELETE	The Registered Agent squares require 13. 1 1 1:1LE 12 NAME 1.3 STREET ADDRESS	and of directors. Thereby accept the appoint	pose of changing its registered offi intment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition
OF registers femiliar with SIGNATURE 12. THE NAME STREET ADDRESS CHY-SI-ZIP THE NAME	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes as arctitus facilitation in No. ND DIRECTORS DELETE	red by the corporation's bods. TE Registered Agent squares require 13. 1 1 11:IUE 12 NAME 13 STREET ADDRESS 14 CITY ST-ZIP 2 1 TIBLE	and of directors. Thereby accept the appoint	pose of changing its registered off changing its registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition
OF registere femiliar with SIGNATURE 12. TITLE STEEL ADDRESS CHY-SI-ZIP SILLE WAME SILLE WAME SILLE SILLE TADDRESS CHY-SI-ZIP	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Signature, speed or printed name of registered age OFFICE RS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE	orida: Such change was authorization 607.0505, Florida Statutes at archite for marks in inv ND DIRECTORS DELETE	red by the corporation's bods. The Registered Agent squartice requirements and the squartice requirements and the squartice requirements and the squartice requirements and the squartic squart	and of directors. Thereby accept the appoint	pose of changing its registered offinithment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
OF registere femiliar with SIGNATURE	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes as arctitus facilitation in No. ND DIRECTORS DELETE	red by the corporation's bods. T13. 1 11/1LE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 11/1LE 2 2 NAME 2 3 STREET ADDRESS	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
OF registere femiliar with SIGNATURE 12. 12. THE STHEFT ADDRESS CHY-ST-ZIP THE NAME NAME STHEFT ADDRESS GLY-ST-ZIP THE TADDRESS	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes at archite for marks in inv ND DIRECTORS DELETE	red by the corporation's bods. 13. 11 Tritle 12 NAME 1.3 STREET ADDRESS 14 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 24 CITY - ST - ZIP 3 1 TITLE	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
OF registere femiliar with SIGNATURE 12. THE NAME STHEFT ADDRESS CHY-ST-ZIP THEE NAME STHEFT ADDRESS CI'Y-ST-ZIP THEE NAME STHEFT ADDRESS CI'Y-ST-ZIP THEE STHEFT ADDRESS CI'Y-ST-ZIP	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes ont and the factorists INDIDIRECTORS DELETE DELETE DELETE	red by the corporation's bods. 13. 11 Tritle 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 2 TRIEE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 TRIEE 32 NAME	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE
OF registere femiliar with SIGNATURE 12. 12. THE NAME STHEET ADDRESS CHY-ST-ZIP THEE NAME STHEET ADDRESS CITY-ST-ZIP THEE NAME STHEET ADDRESS CITY-ST-ZIP THEE TABLE THEET THEE THEET THEET THEE THEET THE	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes at archite for marks in inv ND DIRECTORS DELETE	red by the corporation's bods. 13. 1 1 Tritle 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP 2 1 Tritle 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST-ZIP	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
OF registers femiliar with SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS STREET ADDRESS	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes ont and the factorists INDIDIRECTORS DELETE DELETE DELETE	red by the corporation's bods. 13. 1 1 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE
OF registers femiliar with SIGNATURE 12. THE STHEET ADDRESS CHY-ST-ZIP THEE NAME STHEET ADDRESS CHY-ST-ZIP THEE NAME STHEET ADDRESS CHY-ST-ZIP THEE NAME STHEET ADDRESS CHY-ST-ZIP THEE NAME STHEET ADDRESS CHY-ST-ZIP THEE NAME STHEET ADDRESS CHY-ST-ZIP	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes ont and the factorists INDIDIRECTORS DELETE DELETE DELETE	red by the corporation's bods. 13. 1 1 Title 12 NAME 13 STREEL ADDRESS 14 CITY ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 24 CITY ST-ZIP 31 TITLE 32 NAME 33 STREEL ADDRESS 34 CITY ST-ZIP 4 1 TITLE 42 NAME	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE
OF registers femiliar with SIGNATURE 12. 111.	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes ont and the factorists IND DIRECTORS DELETE DELETE DELETE	red by the corporation's bods. 13. 1 11:ILE 12 NAME 1.3 STREEL ADDRESS 1.4 CITY - ST - ZIP 2 11:ILE 2 2 NAME 2 3 STREEL ADDRESS 2.4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREEL ADDRESS 3.4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4.3 STREEL ADDRESS 4.4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE
OF registers femiliar with SIGNATURE 12. THE NAME STHEFT ADDRESS CHY-ST-ZIP THE NAME STHEFT ADDRESS STHEFT ADDRESS STHEFT ADDRESS STHEFT ADDRESS STHEFT ADDRESS	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes ont and the factorists IND DIRECTORS DELETE DELETE DELETE	red by the corporation's bods. 13. 1 1 Title 12 NAME 13 STREEL ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREEL ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREEL ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREEL ADDRESS	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE
OF registers femiliar with SIGNATURE 12. THE STHEFT ADDRESS CHY-ST-ZIP	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	orida: Such change was authorization 607.0505, Florida Statutes ont and the factorists IND DIRECTORS DELETE DELETE DELETE	red by the corporation's bods. 13. 1 11:ILE 12 NAME 1.3 STREEL ADDRESS 1.4 CITY - ST - ZIP 2 11:ILE 2 2 NAME 2 3 STREEL ADDRESS 2.4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREEL ADDRESS 3.4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4.3 STREEL ADDRESS 4.4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE
OF registers femiliar with SIGNATURE 12. THE NAME STHEFT ADDRESS CHY-ST-ZIP THE NAME STHEET ADDRESS CHY-ST-ZIP THE NAME	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	India. Such change was authorization 607.0505, Florida Statutes Indianation for makes INDIBECTORS DELETE DELETE DELETE DELETE DELETE DELETE	red by the corporation's bods. 13. 1 1 Title 12 NAME 13 STREEL ADDRESS 14 CITY - ST - ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREEL ADDRESS 34 CITY - ST - ZIP 41 TITLE 42 NAME 43 STREEL ADDRESS 44 CITY - ST - ZIP 5 1 TITLE 52 NAME 53 STREEL ADDRESS 54 CITY - ST - ZIP 6 1 TITLE 62 NAME	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE
or registere familiar will SIGNATURE	ed agent, or both, in the State of Floh, and accept the obligations of, Sci Sgruture, typed or printed name of registred age OFFICERS A D STRAUS, LAWRENCE 22995 STATE ROAD 7, #10 BOCA RATON FL 33428 D STRAUS, ARLENE 22995 STATE ROAD 7, #10	India. Such change was authorization 607.0505, Florida Statutes Indianation for makes INDIBECTORS DELETE DELETE DELETE DELETE DELETE DELETE	red by the corporation's bods. 13. 1 11/1LE 12 NAME 13 STREEL ADDRESS 14 CITY - ST - ZIP 2 1 TILLE 22 NAME 23 STREEL ADDRESS 24 CITY - ST - ZIP 31 TILLE 32 NAME 33 STREEL ADDRESS 34 CITY - ST - ZIP 41 TILLE 42 NAME 43 STREEL ADDRESS 44 CITY - ST - ZIP 5 1 TILLE 52 NAME 53 STREEL ADDRESS 54 CITY - ST - ZIP 6 1 TILLE	and of directors. Thereby accept the appoint	pose of changing its registered officintment as registered agent. I am DATE

SIGNATURE: 4

x 4-3-96

407-451-3119 Dajonie Phone #

CR2E034 (12/95)