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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P95000095502 (7)

TOPMIL	LER ENTERPRISES, INC.								
Principal Place of Business Mailing Address 4367 N FEDERAL HWY #100 4367 N FEDERAL HWY #100 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308				 		IIII OIFII O			
TT LAUDENDA	ale te ssuo	ri LAUDENDALE FI	L 30,000		3. Date Incorporated or 12/14/1995	Qualif ed	3a. Date	of Last Re	eport
2 Discipul Du	ace of Business	2a. Mailing Address		 .	4. FEI Number				hautan Far
z. Principai Pa !1	ace or business	26 Mailing Address			65-0628	170		 	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.						Additional
22		27			5. Certificate of Status I	Jesired			Required
Orty & State	9	City & State			6. Election Campaign F			\$5.00	May Be
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24	9. Name and Address of Currer	29	[30]	,	Florida Statutes 10. Name and Address	Yes		oont	
	5. Name and Address of Corre	it negistered Agent		81 Name	IV. Italia bilo Acciasi	OI NOW NO	Aisteran W	Agus	
TOPMILL	ER, ELIZABETH								
	FEDERAL HWY #100		1	82 Street Ad	ddress (P.O. Box Number is No	t Acceptable	}		
	ERDALE FL 33308		<u> </u>	83					
								TT	
				84 City			FL	85 Zip	Code
fomiliar wit	th, and accept the obligations of, Sect								
SIGNATURE _	Signature, typed or printed name of registered agent			Agent signature re p	uired when reinstating)		DATE		
SIGNATURE _	Signature, typed or printed name of registered agent	t and title if applicable. D DIRECTORS		Agent signature re ş	ured when reinstating) ADDITIONS/CHANGE	S TO OFFIC	ERS AND		
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certify that the information indicated on this armost report of supplemental armost report is to and accorder and that my signature shall have the same legal effect as it 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIED TO THE PROPERTY CONTROL OF THE PROPERTY OF THE PROPER