SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000036559 (8)

TOPPING WHITE, INC.

FILED Sep 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address											
2395 WINDSO WELLINGTON	OR WAY COURT FL 33414		2395 WINDSOR WAY COURT WELLINGTON FL 33414			DO NOT WRITE IN THIS SPACE					
		1.0.00					3. Date incorporated or Qualified 04/23/1996	3a. Date o			
2. Principal P	Place of Business	2a. Mailing /	Address				4. FEI Number 65 - 066 - 2910			ied For Applicable	
Suite, Apt.	#, etc.		ol. #, elc.				5. Certificate of Status Desired	<u> </u>	8.75 Add	ditional	
City & Stat 23	e	City & St 28	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Ele Added to Fees					
Zip 24	25 29 30			Count 30	ry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
.,	9. Name and Address of Curr	ent Registered Age	ent				10. Name and Address of New Reg	Istered Age	nt		
	HITE, TRACEY T			8	1 Na	ame					
2395 WINDSOR WAY COURT WELLINGTON FL 33414				8	2 St	reet Addre	ess (P.O. Box Number is Not Acceptable)				
				8					T 2 22.		
				8	4) Ci	ty		FL 8!	Zip Co	qe	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obt	ate of Florida. Such (chanoe was au	uthorized I	by the	med corpo corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of cha t the appointr	nging its re	egistered gistered	
SIGNATURE	Chart hand a mined name of a stand	and all the fact the	Michie	Davidson A				DATE			
					ristered Agent signature required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				IN 12		
TITLE	PID		DELETE	1.1 TITLE		T				Addition	
NAME	WHITE, TRACEY T			1.2 NAM	E					2	
STREET ADDRESS	2395 WINDSOR WAY COUR	श		1.3 STRE	FT ADDE	RESS				[
CITY-ST-ZIP	WELLINGTON FL 33414		_	1.4 CITY	-ST-ZIP	·					
TITLE		L	DELETE	2.1 TITLE]	w.£	L	Charg		
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NAME		-		3.2 NAM					onango t		
STREET ADDRESS				3.3 STRE		RESS					
City-St-ZIP				3.4. CITY		1				1	
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NAME				4. 2 NAM	E					1	
STREET ADDRESS				4.3 STRE	ET ADDA	RESS					
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NAME	ĺ			5.2 NAM	E					ľ	
STREET ADDRESS				5.3 STRE	ET ADDR	RESS					
CITY-ST-ZIP				5.4 CITY	ST-ZIP			<u>-</u>			
TITLE		E	DELETE	6.1 TITLE					Change [Addition	
NAME				6.2 NAMI	E						
STREET ADDRESS				6.3 STRE	ET ADDE	RESS				1	
CITY-ST-ZIP	by costile that the information	God with this Clim C	and and arrell	6.4 CITY			in Conting 110 07(2)(i) Florida Statutor	16	36 - Al A - C		

recovering macune 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.

abba (561) 798-6127