FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054617 (1)

TOPPING FUNDING CORP.

HARBERT, THOMAS R

ORLANDO FL 32801

225 E ROBINSON ST SUITE 600

Principal Place of Business Mailing Address 8602 ASHBURY PARK 8602 ASHBURY PARK ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3386913 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Žφ Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 29 Personal Property Tax due June 30. 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

84 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 office or registered agent, or troth, 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.

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Name

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition TOPPING, ROSS NAME 12 NAME 8602 ASHBURY PARK STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing floes not qualify indicated on this annual report or supplemental aurital report is true and officer or director of the corporation or the reporter or true corporation. Block 12 or Block 13 if changed, or on an affaction may that and access. os not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Ross & Topping

30 Ju 98 407-962-3700

FILED

Feb 09 1998 8:00am

Secretary of State

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