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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # P97000047775 (6)
1. Corporation Name
TOPAZ ENTERPRISE, INC.

Principal Place of Business

Mailing Address

1602 N. FLORIDA AVENUE
TAMPA FL 33602

1602 N. FLORIDA AVENUE
TAMPA FL 33602

6110 Causeway Blvd
Tampa FL 33619

12656 Castle Hill Dr
Tampa FL 33624

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINO, THOMAS C ESQ.
1602 N. FLORIDA AVENUE
TAMPA FL 33602

Kimin Lee
12656 Castle Hill Dr Tampa FL 33624

81 Name

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

12656 Castle Hill Dr

83 City Tampa

FL

84 Zip Code 33624

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 both, to 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
D
2. STREET ADDRESS
1602 N. FLORIDA AVENUE
3. CITY-STATE-ZIP
TAMPA FL 33602
4. TITLE
Secretary
5. NAME
Kimin Lee
6. STREET ADDRESS
12656 Castle Hill Dr
7. CITY-STATE-ZIP
Tampa FL 33624
8. TITLE
President
9. NAME
[DELETED]
10. STREET ADDRESS
[DELETED]
11. CITY-STATE-ZIP
[DELETED]
12. NAME
[DELETED]
13. STREET ADDRESS
[DELETED]
14. CITY-STATE-ZIP
[DELETED]
15. NAME
[DELETED]
16. STREET ADDRESS
[DELETED]
17. CITY-STATE-ZIP
[DELETED]

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/99

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