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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # P97000051511 (8)

TOPPS CONTRACTORS, INC.

## FILED Jun 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
3277 SW 14TI		3277 SW 14TH PLACE					
BOYNTON BEACH FL 33426		BOYNTON BEACH FL 33426				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						06/11/1997	
2. Principal Pl	lace of Business	2a, Mailing Address				4 FELNumber Applied For	
21		26				65-0752 961 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional	
22		27				Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	1			Trust Fund Contribution	
Zip	Country	Z(p)		intry		8. This corporation owes or has paid the current year Intangible	
24	25 Name and Address of Current	29    Pagistered Agent	30	1		Personal Properly Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
		nagistered Agent		81	Name	10. Name and Address of New Hogistered Agent	
	HERBAN, ROBERT						
3277 SW 14TH PLACE BOYNTON BEACH FL 33426				B2 Street A		Address (P.O. Box Number is Not Acceptable)	
, BU	INION BEACH PL 33426			83			
	•		i				
	•			84	City	FL 85 Zip Code	
11. Pursuant t	11, Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered.						
office or re agent Lar	egi <mark>stered</mark> agent, or both, in the State on mi <mark>fami</mark> liar with, and accept the obligat	if Florida. Such change was ions of, Section 607 0505, F	authorize Iorida Stat	d by Jules	the corp	poralion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed at printed name of reprinted agen	more take the area leading. ANC	)	d Aner	ELS goaluru	roquired whys constating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	☐ DELETE	1.1 1	ηſ	T	Change Addition	
NAME	SHCERBAN, ROBERT		1.2 N	AME	Ì		
STREET ADDRESS	1918 LAKE SHORE DRIVE		1.3 \$1	REET.	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CI	]¥-\$1	r-zip		
TITLE	D	DELETE	21 TI	ΙLΕ		Change Addition	
NAME	Jaskiewicz, Edward		2.2 N/	ME	į		
STREET ADDRESS	7400 ROSEWOOD CIRCLE		2.3 \$1	REET A	ADDRESS	·	
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 C	ITY-S	1-2IP		
TITLE		DELETE	3 1 10	11E		Change Addition	
NAME			3.2 N/	ME	1		
STREET ADDRESS			3.3 ST	REFT	ADDRESS		
CITY - ST - ZIP			34 C		1 - 7IP		
TITLE		∐ DEFFTE	4 1 70	TE E		Change Addition	
NAME			4. 2 N	AME		14/2	
STREET ADDRESS			4.3 ST	REET /	ADDRESS	$\langle V   V   J \rangle$	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CI		- ZIP	100	
TITLE		☐ DELETE	5.1 11			Change Addition	
NAME			5.2 N/		- 1		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		T French	5.4 CI		1-ZIP	[ AL	
TITLE		☐ DECETE	6.1 TH			Change Addition	
NAME			6.2 NA			-06/23/3801012034	
STREET ADDRESS			I I		ADDRESS	***150.00	
CITY-ST-ZIP		45 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	6 4 Ci	1Y-S1	- 7IP	発表を上当け、(計)	

representation 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 armual report or supplemental armual report is true and accurate and that my signature shall have the same logal 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