

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90048 033 ***150.00

DOCUMENT # P98000058762

1. Corporation Name
SHARPER IMAGE TOPS, INC.

Principal Place of Business
1337 N HIGHLAND AVE #4
CLEARWATER FL 33755

Mailing Address
1337 N HIGHLAND AVE #4
CLEARWATER FL 33755



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1998

4. FEI Number
59-3519567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 7000 BRYAN DAIRY RD.

2a. Mailing Address
26 7000 BRYAN DAIRY RD

Suite, Apt. #, etc.
22 #B-7

Suite, Apt. #, etc.
27 #B-7

City & State
23 LARGO, FL

City & State
28 LARGO, FL

Zip Country
24 33777 25 USA

Zip Country
29 33777 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS, J. WAYNE
1337 N HIGHLAND AVE #4
CLEARWATER FL 33755

81 Name
JACOBS, J WAYNE
82 Street Address (P.O. Box Number is Not Acceptable)
7000 BRYAN DAIRY RD
83 #B-7
84 City
LARGO FL 85 Zip Code
33777

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, 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.

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

TITLE PD
NAME JACOBS, J. WAYNE
STREET ADDRESS 1337 N HIGHLAND AVE #4
CITY-ST-ZIP CLEARWATER FL 33755

TITLE VD
NAME PROPPES, BOB
STREET ADDRESS 1337 N HIGHLAND AVE #4
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ST
NAME JACOBS, CLAIRE
STREET ADDRESS 1337 N HIGHLAND AVE #4
CITY-ST-ZIP CLEARWATER FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME JACOBS, J WAYNE
1.3 STREET ADDRESS 7000 BRYAN DAIRY RD. #B7
1.4 CITY-ST-ZIP LARGO, FL. 33777

2.1 TITLE VD
2.2 NAME PROPPES, BOB
2.3 STREET ADDRESS 7000 BRYAN DAIRY RD. #B7
2.4 CITY-ST-ZIP LARGO, FL. 33777

3.1 TITLE ST
3.2 NAME JACOBS, CLAIRE
3.3 STREET ADDRESS 7000 BRYAN DAIRY RD. #B-7
3.4 CITY-ST-ZIP LARGO, FL. 33777

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Wayne Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99 727
Date Daytime Phone #

CR2E034 (11/98)