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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04330 1. Corporation Name TOPED PRODUCTS, INC.

(9)

FILED Mar 12 1997 8:00am Secretary of State

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	Principal Place of Business Mailing Address 158 LAKE OTIS RD WINTER HAVEN FL 33884 US US Walling Address Mailing Address Walling Address Walling Address US US									
10.0						3. Date Incorporated or Qualified 01/06/1992	Qualified 3a. Date of Last Report 06/19/1996			
	2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3102611	` `		pplied For ot Applicable	1
١	Sulte, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Dosired	\$8.75 Add		Additional	1
	City & Stat	City & State City & State				Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees	1
1	Zip 24	Country 25	Z _{IP}	Count	гу	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				1
1		9. Name and Address of Cur				10. Name and Address of New R				1
ı	AI DI	ED, MICHAEL S.			1 Name					7
	156	156 LAKE OTIS RD WINTER HAVEN FL 33884			<u> </u>	dress (P.O. Box Number is Not Accepta	ble)			$\frac{1}{2}$
		ICH I MICH I E COOCI		8	3					7
				[4 City		FL ⁸	1	Code	
1	office or r	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob-	0502 and 607.1508, Florida Stat ate of Florida. Such change wa digations of, Section 607.0505,	tutes, the abo s authorized Florida Statul	ive-named cor by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby acceptable	purpose of cha ept the appoint	inging i ment as	ts registered registered	
	SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	OTF: Registered /	gent signature requ	uirqd when reinstating)	DATE			1
Ì	12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	RS IN 12	7
I	TITLE	PD DELE		TE 1.1 TITLE				Change	Addition	٦
I	NAME	ALFRED, MICHAEL S.		1.2 NAM	€ [1
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1	CITY+ST-ZIP	WINTER HAVEN FL		1.4 CITY	- S) - ZIP					1
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14. I do 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.

SIGNATURE:

941-394-0658