

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR -6 AM 9:03**

**DOCUMENT # V09912 (9)**

1. Corporation Name  
**TOPSVILLE, INC.**

Principal Place of Business Mailing Address  
**11800 NW 102 RD SUITE 2 MEDLEY FL 33178**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/29/1992	01/31/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				00-111111 95-3006205	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	Country	28. Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CHASE, ALAN R**  
**94000 SOUTH DADELAND BLVD, SUITE 600**  
**SUITE 1200**  
**MIAMI FL 33158**

81 Name **Bruce J. Berman c/o Weil, Gotshal + Manges**  
82 Street Address (P.O. Box Number is Not Acceptable) **701 Brickell Avenue**  
83 **Suite 2100**  
84 City **Miami** FL - 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]* DATE **3/6/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NITZBERG, MAX N</b>	1.2 NAME	
STREET ADDRESS	<b>11800 NW 102 ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MEDLEY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>C</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMEL, MAURICE</b>	2.2 NAME	
STREET ADDRESS	<b>11800 NW 102 ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MEDLEY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NITZBERG, MARK</b>	3.2 NAME	
STREET ADDRESS	<b>11800 NW 102 RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MEDLEY FL 33178</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *[Signature]* **CFU MAURICE AMEL** 1/31/95 305-883-2677