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PROFIT CORPORATION ANNUAL REPORT

1997



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

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

305-883-8677

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09912

(9)

TOPSVILLE, INC. Principal Place of Business Mailing Address 11800 NW 102 RD 11800 NW 102 RD SUITE 2 SHITE 2 MEDLEY FL 33178-1030 MEDLEY FL 33178 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1992 01/25/1996 4. FEI Number 2. Princip d Place of Business 2a. Mailing Address Applied For 95-3006205 Not Applicable 26 21 Suite Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 BERMAN, BRUCE J. 701 BRICKELL AVE 82 **STE 2100** 83 MAMI FL 33131 RIUGS 2 rid 607.1508, forida Statutes, the above named corporation submits this statement for the purpose of changing its registered if lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ations of, Section 607.0508, Florida Statutes. 11. Pursuant to the povisions of Sections 60 0502 and 607,1508 office or registered agent, or both, in the State agent. Laminarm har with, and accept the obligsignature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6)13. Addition ■ DELETE 1.1 TITLE Change THILE AMIEL, MAURICE 1.2 NAME NAME 11800 NW 102 ROAD STREET ADDRESS 1.3 STREET ADDRESS MEDLEY FL 1.4 City-St-ZiP C-TY-ST-ZiP Change Addition DELETE 21 TITLE THILE NITZBERG, MARK 2.2 NAME NAM: 11800 NW 102 RD. SUBEET ADDRESS 2.3 STREET ADDRESS MEDLEY FL 33178 2. 4 CITY-ST-ZIP C:TY - ST - ZIP DELETE Change Addition Title 3.1 TITLE NAV: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C411 - ST-7IP DELETE Change Addition Tile: 4.1 TITLE NAV: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 2IP CHY-ST-ZIP DELETE Change Addition THU 5.1 TITLE 5.2 NAME NAVE 5.3 STREET ADDRESS STREET ADDRESS 0174 - S1 - ZIP 5.4 CITY - ST - ZIP Addition DELETE III.E 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the reformation 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