SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (5)TOPPS FOR DELIVERY, INC. Mailing Address Principal Place of Business 1450 NW 81 AVE 1450 NW 81 AVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 3a. Date of Last Report 3. Date Incorporated or Qualified 10/23/1995 10/19/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0380582 26 21 \$8.75 Additional Suite, Apt. #, etc Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State B. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zıp Yes X No Florida Statutes 30 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name ROGAN, JEFFERY A Street Address (P.O. Box Number is Not Acceptable) 82 1450 NW 81 AVE CORAL SPRINGS FL 33071 83 85 Zip Code City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOT) Registers 1 Agent's grature required when reinstating? SIGNATURE Signature, typed or printed name of registered agent and title if applicants ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS 12. Change DELETE 1.1 TITLE TITLE JEFFREY A. ROGAN NAME 1.3 STREET ADDRESS 1450 NW 81 AVE. STREET ADDRESS 1.4 City - ST - ZiP CORAL SPRINGS FL Change Addition CITY-ST-ZIP DELETE 21 TITLE TITLE 2 3 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST ZIP Change Addition CITY - ST - ZIP DELETE 3 1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Change Addition CITY - ST - ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 City - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - 7/P Chang∈ Addition CITY - ST- ZIP DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(k). 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears 100ct 13 or Block 13 if changed, or on an attachment with an address 64 CITY - ST - ZIP

SIGNATURE:

TYPE OF PRINTED NAME OF SIGNING OFFICER

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Settrey A. Roban 8-5-96 (954)647-1935