

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **V71901**
1. Corporation Name

(5)

TOPPS FOR DELIVERY, INC.

Principal Place of Business

Mailing Address

1450 NW 81 AVE
CORAL SPRINGS FL 33071

1450 NW 81 AVE
CORAL SPRINGS FL 33071

FILED
Oct 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

4. FID Number

65-0380582

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 Fee

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. State, Apt. Bldg.

22. City & State

23. Zip Country

24. 25. Country

2a. Mailing Address

26. State, Apt. Bldg.

27. City & State

28. Zip Country

29. 30. Country

9. Name and Address of Current Registered Agent

ROGAN, JEFFREY A
1450 NW 81 AVE
CORAL SPRINGS FL 33071

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to be 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 of Registered Agent or Officer/ Director)

(Signature of Registered Agent or Officer/ Director)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME PD JEFFREY A. ROGAN

12.2 STREET ADDRESS 1450 NW 81 AVE.

12.3 CITY/STATE/ZIP CORAL SPRINGS FL

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY/STATE/ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY/STATE/ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY/STATE/ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY/STATE/ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY/STATE/ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY/STATE/ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY/STATE/ZIP

12.32 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 STREET ADDRESS

13.3 CITY/STATE/ZIP

13.4 TITLE ☐ Change ☐ Addition

13.5 NAME

13.6 STREET ADDRESS

13.7 CITY/STATE/ZIP

13.8 TITLE ☐ Change ☐ Addition

13.9 NAME

13.10 STREET ADDRESS

13.11 CITY/STATE/ZIP

13.12 TITLE ☐ Change ☐ Addition

13.13 NAME

13.14 STREET ADDRESS

13.15 CITY/STATE/ZIP

13.16 TITLE ☐ Change ☐ Addition

13.17 NAME

13.18 STREET ADDRESS

13.19 CITY/STATE/ZIP

13.20 TITLE ☐ Change ☐ Addition

13.21 NAME

13.22 STREET ADDRESS

13.23 CITY/STATE/ZIP

13.24 TITLE

13.25 NAME

13.26 STREET ADDRESS

13.27 CITY/STATE/ZIP

13.28 TITLE

13.29 NAME

13.30 STREET ADDRESS

13.31 CITY/STATE/ZIP

13.32 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report is supplementary and if reported 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 this corporation, or a person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am attaching a card with my address.

SIGNATURE:

Jeff Rogan 9-29-98 (954) 647-1935

CR2EC245330