

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000028904 (7)**

1. Corporation Name  
**TOP LINE AUTO SALES, INC.**



Principal Place of Business: **2300 N. FEDERAL HIGHWAY DELRAY BEACH FL 33483**  
Mailing Address: **2300 N. FEDERAL HIGHWAY DELRAY BEACH FL 33483**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified <b>04/14/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0576722</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COMPAGNO, JOSEPH 14426 ELMWOOD DRIVE DELRAY BEACH FL 33445</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      DATE Registered Agent signed this statement      DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>JOSEPH COMPAGNO</b>	2. NAME					
STREET ADDRESS	<b>14426 ELMWOOD DRIVE</b>	3. STREET ADDRESS					
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	4. CITY-ST-ZIP					
TITLE	<b>VICE PRES</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>LUCILLE COMPAGNO</b>	6. NAME					
STREET ADDRESS	<b>14426 ELMWOOD DRIVE</b>	7. STREET ADDRESS					
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	8. CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		10. NAME					
STREET ADDRESS		11. STREET ADDRESS					
CITY-ST-ZIP		12. CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		14. NAME					
STREET ADDRESS		15. STREET ADDRESS					
CITY-ST-ZIP		16. CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		18. NAME					
STREET ADDRESS		19. STREET ADDRESS					
CITY-ST-ZIP		20. CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		22. NAME					
STREET ADDRESS		23. STREET ADDRESS					
CITY-ST-ZIP		24. CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		26. NAME					
STREET ADDRESS		27. STREET ADDRESS					
CITY-ST-ZIP		28. CITY-ST-ZIP					

**100001750281**  Change  Addition  
**-03/20/96--01002--008**  
**\*\*\*200.00**

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 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: *Joseph Compagno*      3-1-96      2456487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Display Phone #

CR2E034 (12/95)