COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 OCUMENT #

TOP NOTCH PAINTING, INC.

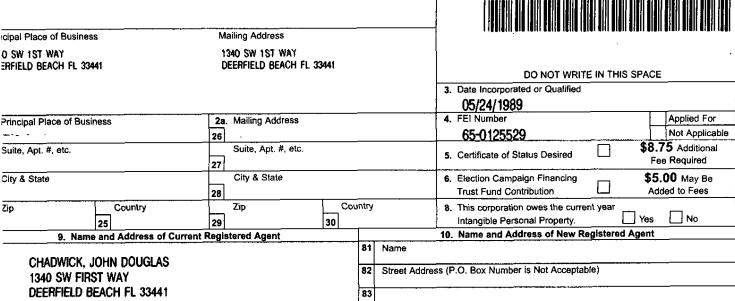
cipal Place of Business

ERFIELD BEACH FL 33441

Zip

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90012 009 ***550.00



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.

84 City

agent. I	an laminal with, and accopt the obligations of bootien out			*- <
NATURE	Signature, typed or printed name of registered agent and title if applicable.	(N	OTE: Registered Agent signature requir	ed when reinstating) DATE
	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	D	ELETE	1.1 TITLE	Change Addition
	CHADWICK, DEBORAH JEAN		1.2 NAME	
T ADDRESS	1340 SW FIRST WAY		1.3 STREET ADDRESS	
3T-Z3P	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	
	PD C	DELETE	2.1 TITLE	Change Addition
	CHADWICK, JOHN DOUGLAS		2.2 NAME	,
ET ADDRESS	1340 SW FIRST WAY		2.3 STREET ADDRESS	~
T-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	
		DELETE	3.1 TITLE	Change
			3.2 NAME	
T ADDRESS			3.3 STREET ADDRESS	
IT-ZIP			3.4 CITY-ST-ZIP	
		DELETE	4.1 TITLE	Change Addition
			4.2 NAME	
TADDRESS			4.3 STREET ADORESS	
T-Z)P		_	4.4 CITY-ST-ZIP	
		DELETE	5.1 TITLE	Change Addition
			5.2 NAME	
T ADDRESS			5.3 STREET ADDRESS	
T-ZIP		_	5.4 CITY-ST-ZIP	
	<u> </u>	DELETE	6.1 TITL€	Change Addition (
			6.2 NAME	ļ
TADDRESS			6.3 STREET ADDRESS	
T-ZIP			6.4 CITY-ST-ZIP	440 07(0)(i) Flyide Clautes Early contify that the information

hereby certify that the information 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 adicated 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 in 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 n Block 12 or Block 13 if char nged, or on an attachment with an address.

GNATURE:

REQUENT D. Chadwick

954.426-2120

Zip Code