

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

**APPROVED AND FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 MAR -7 PM 1:49

**DOCUMENT # 379306 (4)**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. Corporation Name  
**TOP-LINE HARDWARE, INC. OF FLORIDA**

Principal Place of Business: **23 SE 22ND AVENUE  
POMPANO BEACH FL 33062**  
Mailing Address: **23 SE 22ND AVENUE  
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/25/1971</b>	3a. Date of Last Report <b>02/11/1994</b>
4. FEI Number <b>59-1321276</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**PISTARELLI, RENATO J.  
23 SE 22ND AVE  
POMPANO BCH. FL 33062**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when substituted) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PISTARELLI, RENATO J
STREET ADDRESS	23 S.E. 22ND AVE.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	VD
NAME	PISTARELLI, RAYMOND
STREET ADDRESS	23 S.E. 22ND AVE.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	SD
NAME	PISTARELLI, STEPHANIE
STREET ADDRESS	23 S.E. 22ND AVE.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	T
NAME	PISTARELLI, RENATO J
STREET ADDRESS	23 S.E. 22ND AVE.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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. 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 of this report, or on an attachment, with an address.

SIGNATURE: *Raymond Pistarelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR