

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 379306 (4)**

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



Principal Place of Business <b>23 SE 22ND AVENUE POMPANO BEACH FL 33062</b>	Mailing Address <b>23 SE 22ND AVENUE POMPANO BEACH FL 33062-5312</b>
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3. Date Incorporated or Qualified <b>03/25/1971</b>	3a. Date of Last Report <b>03/08/1996</b>
4. FEI Number <b>59-1321276</b>	A f
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Annual Fee <input type="checkbox"/> 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	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 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. 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PISTARELLI, RENATO J</b>	
STREET ADDRESS	<b>23 S.E. 22ND AVE.</b>	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PISTARELLI, RAYMOND</b>	
STREET ADDRESS	<b>23 S.E. 22ND AVE.</b>	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PISTARELLI, STEPHANIE</b>	
STREET ADDRESS	<b>23 S.E. 22ND AVE.</b>	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PISTARELLI, RENATO J</b>	
STREET ADDRESS	<b>23 S.E. 22ND AVE.</b>	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 do 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 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: *Raymond Pistarelli* 1-14-1997  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)