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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L43002

(9)

TOP FLIGHT ENTERPRISES, INC.

**FILED** Apr 22 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	•			. (221) 611 611 628 62 111 (1 6 6 11 6 11 6 11 6 11 6 11 6	4· 4·4·	10, 0,0,,	
17846 HADDOCK DR SPRINGHILL FL 34610 US		% WILLIAM E. BECK. \$R. <del>180 George Street Soutm</del> T <del>arpon Springs Pl. 34689</del>			DO NOT WRITE IN THIS SPACE				
••		SAME				Pate Incorporated or Qualified 01/08/1990			
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. F	El Number <b>59-3056375</b>			pplied For of Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			<b>5</b> . C	Certificate of Status Desired		\$8.75 A	pariup
City & State		City & State				lection Campaign Financing rust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25		Country	y 	P	his corporation owes or has parent of the has parent of the summer of the has parent	30. 🔲	Yes [	angible ] No
	9. Name and Address of Curre	nt Registered Agent			10. N	lame and Address of New Ro	egistered A	jent	
BEC	CK, WILLIAM E., SR.		81	Name					
180 TAF	H <mark>oeorge-street-90</mark> uth-/ R <b>PON-Springs-</b> FL-34689 <i>St</i>	7646 HADDOCK DR. PRINGHILL, FL 34610	L		ress (P.C	D. Box Number is Not Accepta	ble)	.,,	
		•	83						
			84	' '			FL		Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, Florida Statutes e of Florida. Such change was au gations of, Section 607.0505, Flori	i, the abov thorized b ida Statute	e-named corp y the corporat s.	oration : tion's bo	submits this statement for the ard of directors. I hereby acce	purpose of o pt the appoi	hanging it ntment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable (NOTE	Registered Ag	ent signature requir	red when re	instaling)	DATE	•	
12.	<del></del>	ND DIRECTORS	13.	<del>-</del>	AE	DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 12
TITLE	P	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	BECK, WILLIAM E., SR.		1.2 NAME						
STREET ADDRESS	180 GEORGE STREET SOUT TARPON SPRINGS FL	H SAME AS ABOVE		T ADDRESS					
CITY-ST-ZIP	8	☐ DELETE	1.4 CITY-1 21 TITLE	ST-ZIP	<del> </del>		Г	Change	Addition
TITLE NAME	BECK, JOAN E.		2.1 MAME			ř		Onlinge	Notified
STREET ADDRESS	180 GEORGE ST SOUTH		4	T ADDRESS					
CITY-ST-ZIP	TARPON SPRINGS FL SAME AS ABOVE		2.4 City-St-ZiP						
TITLE	DELETE			<u> </u>	Change Ad			Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE	DELETE							Change	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY	ST-ZIP					
TITLE	DELETE		5.1 TITLE				Ę.	Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	1 ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE	DELETE		6.1 TITLE				ι	Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 CITY	ST-ZIP	0	440 0510 1/1 51 51 51 51	1.5.11	14 - 41 - 1 - 1	V-4
14. I hereby of indicated	certify that the information supplied on this annual report or supplement	with this filing does not qualify for tal annual report is true and accur	the exemp rate and th	otion stated in nat my signatu	Section re shall	119.07(3)(i), Florida Statutes. have the same legal effect as	i further cert if made und	ify that the er oath; tha	information at I am an

This amount of the corporation of 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.