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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000056260 (0) DOCUMENT #

TIP TOP LIMO, INC.

Principal Place of Business	
450 34TH ST N ST PETERSBURG FL 33713	

Mailing Address

450 34TH ST N

FILED May 19 1998 8:00am Secretary of State



ST PETRSBURG FL 33713 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 07/29/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3377657 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible **ℤ**ZYes Personal Property Tax due June 30. ■ No 24 25 30 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 BACON, DAVID A 2959 FIRST AVE N Street Address (P.O. Box Number is Not Acceptable) 82 ST PETERSBURG FL 33713 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE. Signature, typed or presed harve of registered agent and title diappricable (NOTI: Hagistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11110 TITLE TANDBERG, ESPEN NAME 1.2 NAME 7092 PEBBLE BEACH LN STREET ADDRESS 1.3 STREET ADDRESS **SEMINOLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP ☐ DEL**e**1e Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 trustoe 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 equired in an adjustment with an address. Block 12 or Block 13 if changed

5/1/90 812.277.2A