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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000007497 (7)

1. Corporation Name

TIP TOP AUTOMOTIVE INC

Principal Place of Business

8910 N DALE MABRY, 38  
TAMPA FL 33614

Mailing Address

8910 N DALE MABRY, 38  
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1995

4. FEI Number

59-3291142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2310 Kathleen St.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 Zip

33607

25 Country

U.S.

2a. Mailing Address

26 2310 Kathleen

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

29 Zip

33607

30 Country

U.S.

9. Name and Address of Current Registered Agent

ALAVIJEH, BAHRAM Z  
8910 N DALE MABRY, 38  
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2310 Kathleen St.

84 City

Tampa,

33607

FL

85 Zip Code

33607

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
HOSEIN, ESLAMI  
STREET ADDRESS 2310 KATHLEEN ST  
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME VP  
ESFAHANI, FRANAK R  
STREET ADDRESS 2310 KATHLEEN ST  
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME S  
MANSOUREH, SAREMI  
STREET ADDRESS 2310 KATHLEEN ST  
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

500002513395

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\*\*\*150.00

14. I 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

Signature: typed or printed name of registered agent and title if applicable

Signature: typed or printed name of registered agent and title if applicable

CR2E034 (10/97)