PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90010 035 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500061540

TOP DAW	VG CONSTRUCTION, INC.					
Dringinal Place	of Business	Mailing Address		. INTITION IN INTITION OF IT AND A SOLIT CO.	18 S(18) (189) 41() 816	11 40 11 1001
Principal Place of Business 8036 FAWNRIDGE CIRCLE		8036 FAWNRIDGE CIRCLE				
TAMPA FL 33610		TAMPA FL 33610		DO NOT WRITE IN THIS SPACE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date Incorporated or Qualifed		
				08/09/1995		
		To Malling Address		4. FEI Number	Appli	ed For
2. Principal Pla	ace of Business	2a. Mailing Address		59-3327967	Not A	Applicable
21		Suite, Apt. #, etc.			\$8.75 Add	ditional
Suite, Apt. #	·	27		5. Certificate of Status Desired	Fee Requ	ired
Z#		City & State		6. Election Campaign Financing	\$5.00 м	ay Be
City & State	•	28		Trust Fund Contribution	Added to	Fees
23 Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	_`
¬ '	25	29 30	_	Personal Property Tax.		No
24	9. Name and Address of Curren	1-1		10. Name and Address of New Registere	ed Afgent	
 -	300 000 000 000 000		81 Name			.,
THE	LAW FIRM OF LAWRENCE J.SF	PIEGEL CHRTD	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE				Are no introduction the requirement distinction.		. 1 5 Tra 1 7 St
CORAL GABLES FL 33134			83			
			84 City	#819#20 f R Bala 14 81 50 4 8 4 4 4 1	85 Zip Co	ode
	•		1 1 1			
ASSE TABLES	the mondalage of Sections 607 050	o - 1 007 4500 Elevido Statutos	the above parced corr	exertion cultraite this statement for the DUFDOSE	of changing its re	egistered
office or reasont. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authorions of, Section 607.0505, Florida	horized by the corporati la Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as regi	stered
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes.		pointment as regi	stered
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ations of, Section 607.0505, Florid out and title if applicable. (NOTE: R	la Statutes. Legistered Agent signature requir	nd when reinstating) *** Co* DATE	· · · · · ·	
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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 changes for on an attachment with an address, with all other like impowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

813-664-137