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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000078235 (5)**

1. Corporation Name

TOP LINE AUTO BROKERS, INC.



Principal Place of Business

**5385 YAHL STREET
NAPLES FL 34109
US**

Mailing Address

**5385 YAHL STREET
NAPLES FL 34109-1931
US**

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

**FOWELL, DONALD L.
5385 YAHL STREET
NAPLES FL 34109**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. 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

TS

☐ DELETE

NAME

PETERSON, ROGER

STREET ADDRESS

839 100TH AVENUE NORTH

CITY - ST - ZIP

NAPLES FL 34108

TITLE

P

☐ DELETE

NAME

FOWELL, DONALD L

STREET ADDRESS

5385 YAHL STREET

CITY - ST - ZIP

NAPLES FL 34109

TITLE

VPD

☐ DELETE

NAME

FOWELL, KAREN

STREET ADDRESS

5385 YAHL STREET

CITY - ST - ZIP

NAPLES FL 34109

TITLE

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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:

Donald L Fowell
Donald L Fowell
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0414283

CR2E034 (9/96)