


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90034 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092677

1. Corporation Name
TOP PRIORITY MAINTENANCE, INC.



Principal Place of Business 6931 SOUTH WEST 16TH STREET PLANTATION FL 33317	Mailing Address 6931 SOUTH WEST 16TH STREET PLANTATION FL 33317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13301 SW 9 PLACE Suite, Apt. #, etc. 22 City & State 23 DAVIE, FL Zip 24 33325 Country 25 USA		2a. Mailing Address 26 13301 SW 9 PLACE Suite, Apt. #, etc. 27 City & State 28 DAVIE, FL Zip 29 33325 Country 30 USA		3. Date Incorporated or Qualified 11/07/1996	4. FEI Number 95-0707732 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

VITALE, PETER
6931 SOUTH WEST 16TH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 13301 SW 9 PLACE	83	84 City DAVIE	85 Zip Code FL 33325
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE, PETER	1.2 NAME	
STREET ADDRESS	6931 SOUTH WEST 16TH STREET	1.3 STREET ADDRESS	13301 SW 9 PLACE
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE, CAROLYN	2.2 NAME	
STREET ADDRESS	6931 SOUTH WEST 16TH STREET	2.3 STREET ADDRESS	13301 SW 9 PLACE
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

954 830 1212

Daytime Phone #

CR2E034 (11/98)