

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J14050** (5)

1. Corporation Name
DETAILS BY KEN, INC.

APPROVED
AND
FILED

95 MAY - 1 11 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 844 MARCO ISLAND FL 33969-0844 **P.O. BOX 844 MARCO ISLAND FL 33969-0844**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1986** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26** **1104 N Collier Blvd**

4. FEI Number **59-2691874** Applied For Not Applicable

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State **23** City & State **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Country, **24** **25** **33937** Country, **29** **30**

8. This corporation has liability for franchise tax under § 190.042, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CF CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

01 Name **Jame B Grewel**
02 Street Address (P.O. Box Number if Not Applicable) **1104 N. Collier Blvd**
03
04 City **Marco Island FL** **05** Zip Code **33937**

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 agent 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 *Jame B Grewel*

DATE **4/12/95**

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BROWN, KENNETH
STREET ADDRESS	2000 ROYAL MARCO WAY PHE
CITY ST ZIP	MARCO ISLAND FL
TITLE	6
NAME	BROWN, JUNE
STREET ADDRESS	2000 ROYAL MARCO WAY PHE
CITY ST ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD/10 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mania Christina Rosenberg
2.3 STREET ADDRESS	1936 N Barfield
2.4 CITY ST ZIP	Marco Island, FL 33937
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9)(b), Florida Statutes. I further certify that the information included in 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 of the corporation, and that my name appears in Block 9 or Block 13, unchanged, or on an amendment with an addition.

SIGNATURE: *Kenneth J. Brown*

DATE **4/12/95** (813) 647-8200