

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

FILED

**Apr 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000036316 (6)

1. Corporation Name
DOVETAIL, INC.



Principal Place of Business
**1776 LAKE WORTH RD.
STE 201
LAKE WORTH FL 33460
US**

Mailing Address
**1776 LAKE WORTH RD.
STE 201
LAKE WORTH FL 33460-3692
US**

3. Date Incorporated or Qualified **05/19/1993** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 **1776 LAKE WORTH RD**

26 **1776 LAKE WORTH RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 101**

27 **SUITE 101**

City & State

City & State

23 **LAKE WORTH FL**

28 **LAKE WORTH, FL.**

Zip

Country

Zip

Country

24 **33460-3692** 25 **US**

29 **33460-3692** 30 **US**

4. FEI Number **65-0413836** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYLING, TERRY
1776 LAKE WORTH RD.
SUITE 201
LAKE WORTH FL 33460**

81 Name **AYLING TERRY**
82 Street Address (P.O. Box Number is Not Acceptable) **1776 LAKE WORTH RD**
83 **SUITE 101**
84 City **LAKE WORTH** FL 85 Zip Code **33460**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST <input type="checkbox"/> DELETE
NAME	AYLING, TERRY
STREET ADDRESS	1776 LAKE WORTH RD. #201
CITY-ST-ZIP	LAKE WORTH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AYLING, TERRY
1.3 STREET ADDRESS	1776 LAKE WORTH RD #101
1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33460-3692
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *S. Ayling* **S. Ayling** 4/1/97 561 540 4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)