

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F26665** (2)

1. Corporation Name
DETRIM, INC.



Principal Place of Business: % JAMES M. TALLEY, 3533 MERCY DR, ORLANDO FL 32808 US
Mailing Address: % JAMES M. TALLEY, 20 N. ORANGE AVE., STE. 1500, ORLANDO FL 32801-4623

3. Date Incorporated or Qualified: **03/24/1981**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-2159476**
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

2. Principal Place of Business (21-24):
21. Suite, Apt. #, etc.
22. City & State
23. Zip, Country
24. Country

10. Name and Address of New Registered Agent (81-85):
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

9. Name and Address of Current Registered Agent:
**TALLEY, JAMES M. P.A.
20N. ORANGE AVE., #1500, ATLANTIC BANK
ORLANDO FL 32802**

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	DESHETLER, MARGARET M
STREET ADDRESS	1543 LAKE MARION DR
CITY - ST - ZIP	APOPKA FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	DESHETLER, RICHARD L
STREET ADDRESS	1543 LAKE MARION DR
CITY - ST - ZIP	APOPKA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	GIOIOSA, ANN C.
STREET ADDRESS	6701 SHELLBARK BLVD
CITY - ST - ZIP	APOPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: BY *Ann C Gioiosa* **ANN C GIOIOSA** 1/30/96 407-295-5010
Date: Daytime Phone #

CR2E034 (12/95)