FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03094 (4)

1. Corporate Name
EXPERT DETAIL INC.

Principal Place of Business	Mailing Address
5820 NW 17 PL. #209 SUNRISE FL 33313	P.O. BOX 15112 PLANTATION FL 33318-5112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0132786** ☐ Applied For ☐ Not Applicable
State, Apt. # or P.O. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
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
WILLIAMS, CHRISTOPHER 5820 N.W. 17 PLACE #209 SUNRISE FL 33313	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 607.1608, 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: (Required) (If changing registered agent, registered agent must sign.) (If not changing Registered Agent, Signature required but not mandatory.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
7 TITLE	PST	13 TITLE	☐ Change ☐ Addition
8 NAME	WILLIAMS, CHRISTOPHER	14 NAME	
9 STREET ADDRESS	5820 N.W. 17 PLACE, #209	15 STREET ADDRESS	
10 CITY, ST, ZIP	SUNRISE FL	16 CITY, ST, ZIP	
11 TITLE	D	17 TITLE	☐ Change ☐ Addition
12 NAME	WILLIAMS, CHRISTOPHER	18 NAME	
13 STREET ADDRESS	5820 N.W. 17 PLACE, #209	19 STREET ADDRESS	
14 CITY, ST, ZIP	SUNRISE FL	20 CITY, ST, ZIP	
15 TITLE		21 TITLE	☐ Change ☐ Addition
16 NAME		22 NAME	
17 STREET ADDRESS		23 STREET ADDRESS	
18 CITY, ST, ZIP		24 CITY, ST, ZIP	
19 TITLE		25 TITLE	☐ Change ☐ Addition
20 NAME		26 NAME	
21 STREET ADDRESS		27 STREET ADDRESS	
22 CITY, ST, ZIP		28 CITY, ST, ZIP	
23 TITLE		29 TITLE	☐ Change ☐ Addition
24 NAME		30 NAME	
25 STREET ADDRESS		31 STREET ADDRESS	
26 CITY, ST, ZIP		32 CITY, ST, ZIP	
27 TITLE		33 TITLE	☐ Change ☐ Addition
28 NAME		34 NAME	
29 STREET ADDRESS		35 STREET ADDRESS	
30 CITY, ST, ZIP		36 CITY, ST, ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec. [illegible], Florida Statutes. I further certify that the information indicated on this 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: [signature] (Required)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER WILLIAMS

X 5/1/95 (Date) 305-735-2768 (Daytime Phone #)

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