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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF (	CORPORATIONS		
1. Corporation		97 (3)			
STEV	E KISH DETAILING, INC.			1 (60)(SII 61) 180(1 160)( 406) 6 1	Life (MA) - C(G)) - A(A) + B(A) + G(A) + B(A) + B(A
Principal Place	of Business	Mailing Address			INN BOOK DIONE OFFILE CLOSE OFFILE WHICH CHANNEL OFFILE TOOL
3336 LEE ST HOLLYWOOD FL 33021		3336 LEE ST	u		
US	70 TE 33021	HOLLYWOOD FL 3302 US	21		
				<ol> <li>Date Incorporated or Qualified 06/05/1990</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Pla	nce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	et etc	Suito Apt # ata		59-3021190	Not Applicable
22	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Ζιρ	Country	7(p)	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for Florida Statutes     Yes	Intangible tax under s. 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New F	Registered Agent
WODIT	NUMBE CORDODATE CERUSCE	A 1110	81 Name		
	dwide Corporate Service: Inancial Plaza	5, INC.	82 Street A	kildress (P.O. Box Number is Not Acceptal	ole)
SUITE			83		
FT. LAI	UDERDALE FL 33394		<b>84</b> City		85 Zip Code
1			<b>54</b>   Only		FL 85 Zip Code
1					
			s the above-named cor d by the corporation's t	rporation submits this statement for the purporation of directors. Thereby accept the app	<del></del>
familiar with	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se		the above-named cord by the corporation's t	rporation submits this statement for the pur ocard of directors. I hereby accept the app	<del></del>
familiar with	n, and accept the obligations of Se Signature, typed or philled name of registrical agr	otion 607.0505, Florida Statutes. எச்சு மின் ஆக்குக்	s the above named cord by the corporation is to	ouald or directors. Thereby accept the app	<del></del>
familiar with SIGNATURE	h, and accept the obligations of Se Synature typed or pented name of registration OFFICERS A	ection 607.0505, Florida Statules.  Statutes Cron ND DIRECTORS	E. Buj Vered Ayred segrature re-	ouald or directors. Thereby accept the app	pose of changing its registered office ointment as registered agent. I am DATE ICERS AND DIRECTORS IN 12
familiar with SIGNATURE	n, and accept the obligations of Se Synature, typed or posted natice of repair of ac-	otion 607.0505, Florida Statutes. எச்சு மின் ஆக்குக்	L. Proyered Agent say state to  13.  1 Title	outed whe reinstangs	rpose of changing its registered office ointment as registered agent. I am
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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 diector 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 lychanged, or on an attachment with an address.

SIGNATURE: \_

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-96

95479-7130