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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P92000015219 (8)

FLORIC	DA DETAIL DESIGN, INC.				
Principal Place	of Business	Mailing Address	-		IFFE BONN FORFE NOON BUILD HEDD 11610 1811 FRAF
2315 NW 30TH ST 2315 NW 30TH ST OAKLAND PK FL 33311 OAKLAND PK FL 3331 US US		ı			
				3. Date incorporated or Qualified 01/01/1993	3a. Date of Last Report 07/10/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0377811	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State	The second secon	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip 29	Gountry	8. This corporation has liability for	or intangible tax under s. 199.032,
	9. Name and Address of Curr		.1991	10. Name and Address of New	
			81 Name		
DUBROW DUKER & ASSOCIATES, P.A. 2840 UNIVERSITY DR			82 Street Add	ress (P.O. Box Number is Not Accept	able)
	SPRINGS FL 33065		83		
			84 City		1-1-7-6
			- "		FL 85 Zip Code
Or registere	o the provisions of Sections 607.05i ed agent, or both, in the State of Flo h, and accept the obligations of, Se	inua. Such chance was authorze	s, the above named corpored by the corporation's board	ration submits this statement for the p rd of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. Lam
SIGNATURE _					
12.	Styral indityped or printed name of registered age OFFICE OF A	ntaeltreitase≃ase (NC) ND DIRECTORS	E. Fingestered Agent signature require		DATE
TITLE	P	DELFIE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME	SKOLNICK, TRUDY G		1.2 NAME		Change 🔲 Addition
STREET ADDRESS	2315 NW 30TH ST				
CITY-ST-ZIP	OAKLAND PARK FL		1.3 STREET ADDRESS		
TITLE	D	E DEFETE	2 TITLE		Change Addition
NAME	SKOLNICK, LARRY		2.2 NAME		Change Addition
STREET ADDRESS	2315 NW 30TH ST		2 3 STRELT ADDRESS		
CITY - ST - ZIP	OAKLAND PARK FL		2.4 CiTY - ST - ZiP		
TITLE		☐ DELETE	3 1 DTuE		Change Addition
NAME			3.2 NAME		Change Madalion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4 4 CITY - ST - ZIP		
14TLE		☐ DÉLETE	5 1 TiTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STHEET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - 2IP		
TITLE		☐ DELETE	6 1 TITLE	***************************************	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET AUDRESS		
CITY - ST - ZIP			6.4 CITY - \$1 - ZIP		

14. I do hereby eartily 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 armusi 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 enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/ir changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND FREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date of the corporation of the corporation of the receiver or trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/ir changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND FREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR