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Mar 11 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 # P93000021895 (6)

1. Corporation Name
DETAIL SPECIALIST, INC.



Principal Place of Business
104 VIA DE CASAS NORTE
BOCA TEECA
BOYNTON BEACH FL 33426
US

Mailing Address
104 VIA DECAS AS NORTE
BOCA TEECA
BOYNTON BEACH FL 33426-8816
US

3. Date Incorporated or Qualified 03/19/1993
3a. Date of Last Report 04/26/1996

2. Principal Place of Business
21 104 Via De Casas Norte
Suite, Apt. #, etc.

2a. Mailing Address
26 104 Via De Casas Norte
Suite, Apt. #, etc.

4. FEI Number 65-0399836
Applied For
Not Applicable

22 City & State
23 Boynton Beach Fl.

27 City & State
28 Boynton Beach Fl.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33426 25 US

29 33426 30 US

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

9. Name and Address of Current Registered Agent
SOOMAI, HARRILAL
104 VIA DE CASAS NORTE
BOCA TEECA
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

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 607.1508, 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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SOOMAI, HARRILAL
STREET ADDRESS 104 VIA DE CASAS NORTE
CITY-ST-ZIP BOYNTON BEACH FL
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE TREASURER
1.2 NAME KASHMATEE S. SOOMAI
1.3 STREET ADDRESS 104 VIA DE CASAS NORTE
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33426
[Change] [Addition]
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[Change] [Addition]
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[Change] [Addition]
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[Change] [Addition]
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[Change] [Addition]
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[Change] [Addition]

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)