

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 # P93000036316 (6)

1. Corporation Name
DOVETAIL, INC.



Principal Place of Business

Mailing Address

**5823 LAKE WORTH RD
SUITE 108
LAKE WORTH FL 33463
US**

**5823 LAKE WORTH RD
SUITE 108
LAKE WORTH FL 33463
US**

3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **1776 LAKE WORTH RD** 26 **1776 LAKE WORTH RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **201**

27 **201**

City & State

City & State

23 **LAKE WORTH FL**

28 **LAKE WORTH FL**

Zip

Country

Zip

Country

24 **33460**

25 **PAUM BAY**

29 **33460**

30 **PAUM BAY**

4. FEI Number

65-0413836

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYLING, TERRY
5823 LAKE WORTH RD
SUITE 108
LAKE WORTH FL 33463**

81 Name

TERRY AYLING

82 Street Address (P.O. Box Number is Not Acceptable)

1776 LAKE WORTH RD

83

SUITE 201

84 City

LAKE WORTH

FL

85 Zip Code

33460

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

S. Ayling

TERRY AYLING

4-24-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST** ☐ DELETE
NAME **AYLING, TERRY**
STREET ADDRESS **5823 LAKE WORTH RD #108**
CITY-STATE-ZIP **LAKE WORTH FL**

1.1 TITLE ☒ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1776 LAKE WORTH RD #201

LAKE WORTH FL 33460 ☐ Change: ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change: ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change: ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change: ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change: ☐ Addition

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 on an attachment with an address.

SIGNATURE:

S. Ayling

TERRY AYLING

4-24-96 407-546-4465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)