

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 04 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 # P93000036316 (6)

1. Corporation Name
DOVETAIL, INC.



Principal Place of Business
1776 LAKE WORTH RD.
STE 201
LAKE WORTH FL 33460
US

Mailing Address
1776 LAKE WORTH RD.
STE 201
LAKE WORTH FL 33460-3692
US

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/19/1993 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0413836 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|---|---------------------------|
| 2. Principal Place of Business 21 1776 LAKE WORTH RD Suite, Apt. #, etc. 22 SUITE 101 City & State 23 LAKE WORTH FL Zip 24 33460-3692 | 2a. Mailing Address 26 1776 LAKE WORTH RD Suite, Apt. #, etc. 27 SUITE 101 City & State 28 LAKE WORTH, FL. Zip 29 33460-3692 | Country 25 US 30 US |
|--|---|---------------------------|

9. Name and Address of Current Registered Agent

AYLING, TERRY
1776 LAKE WORTH RD.
SUITE 201
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name AYLING TERRY |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1776 LAKE WORTH RD |
| 83 SUITE 101 |
| 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

Signature: Type 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 NAME STREET ADDRESS CITY-ST-ZIP | DPST AYLING, TERRY 1776 LAKE WORTH RD. #201 LAKE WORTH FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | DPST AYLING, TERRY 1776 LAKE WORTH RD #101 LAKE WORTH, FL. 33460-3692 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Ayling
S. Ayling

4/1/97

561 540 4465

CR2E034 (9/96)