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 # P9500003495 (5)								
	ETAILS, INC.		. ,					
Principal Place of Business Mailing A						I EBBUERDE DIN LUMBE UNIO DOCUT OCE	IA MURIT MAILE MAINE BAIR	SIOLO TOTOL BILL 1991
2457 S. HIAWASSEE ROAD SUITE 148 ORLANDO FL 32835		SUITE 148	2457 S. HIAWASSEE ROAD SUITE 148 ORLANDO FL 32835					
						3. Date Incorporated or Qualified 01/12/1995 3a. Date of Last Report		
2. Principal Pla 21		2a. Maling Addres				4. FEI Number 5.9-329369	6	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, 6	Surte, Apt #, etc			5. Certificate of Status Desired Security Securi		
Crty & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country Zip 24 25 29			30			8. This corporation has liability for intangible tax under s. 199.032, Elorida Statutes		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R	egistered Agent	
			E	1 Nan	1 0			
PATTERSON, DARRYL W				2 Stre	Street Address (P.O. Box Number is Not Acceptable)			
2457 S. HIAWASSEE ROAD SUITE 148 ORLANDO FL 32835				3				
				'				
			8	4 City		****	FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607.0	1502 and 607.1508. Florida	Statutes the above	- pamed	corpora	ation submits this statement for the purp	coso of changing it	ts registered office
or registere	ed agent, or both, in the State of F h, and accept the obligations of, S	torkia. Such change was au	athonzed by the co	poration	i's board	I of directors. Thereby accept the appo	intruent as register	ed agent I am
SIGNATURE:	The state of the confidence of the	some of ledds, Figure	atates					
GIOTAX FORE	Signature Typed or protectification of respectives ((NOTE Frequency LA	and support	re bequiest	when tenstating	541)	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	~ 	
IIILE	D	□ D€t.ET					Chang	je 🗌 Addition
NAME	PATTERSON, DARRYL W			1.2 NAM				
STREET ADDRESS	2457 S. HIAWASSEE RD ORLANDO FL 32835	., SUITE 148	1.3 STREET ADDRESS		is			
CITY - ST - ZIP THTLE	UNLAMDO FL 32633	DELET		- ST - Z-P				
NAME			2 1 TOTA 2 2 NAM				☐ Chang	ge 🛅 Addition
STREET ADDRESS				: ET ADDRES				
CITY-ST-ZiP				-ST-ZIP				
TITLE		[] DELET					Chang	e Addition
NAME			3 2 NAM	:				
STREET ADDRESS			3.3 STR	£1 ADDRES	SS			
CITY-ST-ZIP			3 4 CITY	-ST - ZIP				
TITLE		☐ DELET	É 4 1 TITE				Chang	e 🔲 Addition
NAME			4.2 NAM					
STREET ADDRESS			4.3 STRE	-T ACORES	S			
CITY-ST-ZIP		——————————————————————————————————————	4 4 CITY					
TITLE		☐ DELETI					Chang	e 🔲 Addition
NAME CIRCLI ADORESE			5 2 NAM					
STREET ADDRESS				-T ADDRES	5			
CITY-ST-ZIP TITLE		DELETI	54 CilY 6 1 T IL				Channel Channel	a [] Add.E.a.
NAME		L) Section	62 NAM				☐ Chang	e 🔲 Addition
STREET ADDRESS				: LADDRES				
CITY-ST-ZIP			6 4 CITY		Ĭ			
	certify that the information supplied	ed with this filing is voluntari	iy furnished and do	es not c	ualify for	the exemption stated in Section 119.0	7(3)(k), Florida Sta	tutes. I further

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. Flurther certify that the information indicated on this armual 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 changéd, or on an attachment with an address 4-21-96 263-995.3

SIGNATURE: