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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Cocretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P95000035760	(4)
ULTIMATE DETAILS,	•	
Principal Place of Business	Mailing Address	



2420 ROCKWELL LN MELBOURNE FL 32901			2420 ROCKWELL LN MELBOURNE FL 32901				
					3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report	
2. Principal Pla	ice of Business	2a. Mailing Ad	ldress		4. FEI Number	Applied For	
21	** 1981*********************************	26			59-3310144	Not Applicable	
Suite, Apt. #	i, etc.	Suite, Apt	#, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & Sta	te .		6. Election Campaign Financing	\$5.00 May Be	
23	T	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	···· 1	8. This corporation has liability for intangible tax under s 199.032,			
24	25 9. Name and Address of Cur	29  rent Registered Age	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	g, 110110 kila 11001000 01 001	rein riogiototea Agei		81 Name	U, Marile and Address of New F	segistered Agent	
PHII I II	DS DENIS						
PHILLIPS, DENIS 2420 ROCKWELL LN				82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	OURNE FL 32901		, }	83			
WILLO	TOTAL TE DESCRI		1				
				84 City		FL 85 Zip Code	
or registere	o the provisions of Sections 607.00 ad agent, or both, in the State of F h, and accept the obligations of, S	lorida. Such change wi	as authorized by the o	re-named corp orporation's bo	oration submits this statement for the purport of directors. I hereby accept the app	roose of changing its registered office	
SIGNATURE _	Signature, typod or printed name of registered a	e i e e alecta i i i i i i i i i i i i					
12.	PROGRAMMA CONTRACTOR AND	AND DIRECTORS	(NOTE: Hagistered a	Agent signature raqu	ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE.	
TOLE	D	the same and the s	DECETE 1. 1 TH	LE T	· ·	Change Addition	
NAME	PHILLIPS, DENIS		1.2 NA				
STREET ADDRESS	2420 ROCKWELL LN			REET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901	•		Y-S1-ZiP		***	
TITLE			DELETE 2 1 TI		T	Change Addition	
NAME			2 2 NA	ME			
STREET ADDRESS			2350	REET ADDRESS			
CITY-ST-7IP				Y-SI-ZIP		Ì	
TITLE	CONTRACTOR COLOR AMENO E CALLORE - AND COLOR OF COLOR		DELETE 3 1 TH	•		Change Addition	
NAME			3 2 NA	ME -		}	
STREET ADDRESS			3 3. ST	REET ADDRESS			
CITY-ST-ZIP			3.4 CI	Y-ST-ZIP			
TITLE			DELETE 4 1 11	LE		Change Addition	
NAME			4.2 NA	ME			
STREET ADDRESS			43 ST	KEET ADDRESS		•	
CITY-ST-ZIP			4 4 CIT	Y - \$1 - ZIP			
TITLE			DELETE 5 1 TI	LE	20000189	Change Addition	
NAME			5 2 NA	ME	20000169 -06/07/96010	04031	
STREET ADDRESS			53811	REE1 ADDRESS	***200.00		
CITY-ST-ZIP			5.4 CIT	Y-S1-ZIP		İ	
TITLE	The state of the s		DELETE 6 1 TI	ιŧ		Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS		~ .	
CHTY-ST-ZIP				Y · S1 - ZIP	<i>O</i>	5-01-960	
14. I do hereb	y certify that the information supplied the information inclination inclinated on this s	od with this filing is volu	untarily furnished and o	loes not qualify	y for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further	

cerely that the information indicated on this armuer 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:

14-30-96 401 953 2600