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

PROFIT CORPORATION ANNUAL REPORT 1999

DISAPIO, MICHAEL A

211 HILLCREST DRIVE

SUITE B



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092686 1. Corporation Name

DETAILS, INC.

Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE				
211 HILLCREST DRIVE BRADENTON FL 34209	211 HILLCREST DRIVE BRADENTON FL 34209					
		3. Date Incorporated or Qualifed 12/06/1995				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For				
1	26	65-0625086 Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No				

BRADENTON FL 34209 84 City 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

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Name

agent. I ai	m familiar with, and accept the obligations of, Section 607	.0505, Florida	a Statutes,					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	/NOTE: Re	gistered Agent signature re	curred when reinstalling)	DATE			,
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			ç
TITLE		DELETE	1.1 TITLE			Change	Addition	3
NAME	DISAPIO, MICHAEL A		1.2 NAME				ļ	
STREET ADDRESS	211 HILLCREST DRIVE		1.3 STREET ADDRESS					Ĺ
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP					í
TITLE		DELETE	2.1 TITLE			Change	☐ Addition	(
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS				ļ	
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME				,	
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4, CITY-ST-ZIP					
πιε		DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TILTE		DELETE	5.1 TITLE			☐ Change	Addition Addition	,
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 C(TY-ST-ZIP	. 				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADORESS			6.3 STREET ADDRESS					
CITY OF 7ID			6.4 CITY-ST-ZIP					

14. I 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, with all other like empowered.

April 30, 1989 758-2424 (841)

FILED

05-06-1999 90274 001 ***150.00

10. Name and Address of New Registered Agent

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

May 06, 1999 8:00 am — Secretary of State