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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600007741

1. Corporation Name

DETAILING BY DENNIS INC

DETAILING	OI DE	AIAID IIAO	

## May 04, 1999 8:00 am Secretary of State 05-04-1999 90119 034 \*\*\*150.00

DETAILING UT									
			·———						
Principal Place of Busin	ess	Mailing Addre	ess						
5900 S GOLDEN BEAUTY LN 5900 S GOLDEN BEAUTY LI TAMARAC FL 33321 TAMARAC FL 33321				<b>J</b>			OO NOT WIRITE IN TH	ie edyce	
US US							DO NOT WRITE IN TH  3. Date incorporated or Qualifed	IS SPACE	<del></del>
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2. Defects at Disease of Bu		2a Mailing A	ddraan				01/24/1996 4. FEI Number	T-T	noticed For
2. Principal Place of Bu	siness	2a. Mailing At	ngi 622						pplied For lot Applicable
21		26	4 sts				65-0647994		Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Required		
City & State		City & Sta			<del> </del>		6. Election Campaign Financing		May Be
23		28				(	Trust Fund Contribution	-	to Fees
Zip Country Zip			Country			8. This corporation owes the current year Intangible			
24	25	29	30	_		Í	Personal Property Tax.	Yes	□No
	ne and Address of Current	<del></del>		<u>-</u>			10. Name and Address of New Registers	d Agent	
				81	Name				
ARON, DENN	lis			-	ļ	<del></del>			
6728 N. FEDI	ERAL HIGHWAY			82	Street	Addres	s (P.O. Box Number is Not Acceptable)		ł
#217			ì		<del></del>				
ft. Lauder(	DALE FL 33309		ļ						
				84	City		F	85 Zip	Code
office or registered :	visions of Sections 607.0502 agent, or both, in the State of with, and accept the obligati	of Florida. Such ch	ange was auth	norized by	the corpo	corpori oration	ation submits this statement for the purpose s board of directors. I hereby accept the app	of changing it	s registered egistered
· ·	with, and accept the obligati	ons of, decitori of	77.0000, 17.0000	a Otatotos	•				1
SIGNATURE Signature, typ	ped or printed name of registered agent	and title if applicable.	(NOTE: Re	egistered Ager	it signature r	required w	hen reinstating) DATE		
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS		
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CITY-ST-ZIP TAMAR	AC FL 33321			1.4 CITY-S	מול ז		23. doctor berian		
TITLE					1-217	[A]	MARAC, FL 33321		
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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 of supplemental angular 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 of 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 any address, with all other like empowered.

SIGNATURE: X

NEWS IRED