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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P96000084023 (6)

DETAIL ME, INC.

FILED Apr 03 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Addres	Mailing Address					
1811 N.W. 1	24TH AVE. 1NGS FL 33071		1811 N.W. 124TH AVE. CORAL SPRINGS FL 33071					
OUNAL SPI	MAGS FC 33071	CORAL SPR				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						10/08/1996		
2. Principal Pl	ace of Business	2a. Mailing Add	oress			4. FEI Number		Applied For
21		26				65-0701305	_	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.				\$8.7	75 Additional
22		27	7			5. Certificate of Status Desired		e Required
City & State)	City & State	9			6. Election Campaign Financing	\$5.	.00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Zip Cou		,	8. This corporation owes or has paid the current year Intangible		ar Intangible
24	25	29	30			Personal Property Tax due June 30.	Yes	□ No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent	
K	REVOY, CARY			81	Name			
1811 N.W. 124TH AVENUE					Street A	ddress (P.O. Box Number is Not Acceptable)		
	ORAL SPRINGS FL 33071			62	555.7	dares (r. e. bek ramber to track to optable)		
•				83				
				-	C:3			7:- 0-3:
				84	City	FL	85	Zip Code
11, Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Flo	rida Statutes, the	above	e-named c	corporation submits this statement for the purpose of	f changi	ng its registered
office or re	e gister ed agent, or both, in the Sta m fam iliar with, and accept the obli	te of Florida. Such cha	ange was authori	ized by	the corpo	pration's board of directors. I hereby accept the app	ointmen	it as registered
•	Wallet William William and accopt the obli	gations on occion oc		, acatot				
SIGNATURE	Signature typed or printed name of registered a	gent and title it applicable	(NOTE: Regist	ered Age	ent signature re	equired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
THILE	D		DELET E 1.	1 TITLE			Chai	nge Addition
NAME	KREVOY, CARY		1.	2 NAME				1
STREET ADDRESS	1811 N.W. 124TH AVENU	E	1.	3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 3307	1	1.	4 CITY - S	1 - ZIP			J:
TITLE			DELETE 2.	1 TITLE			Chai	nge 🔲 Addition
NAME			2.	2 NAME		₹		Î
STREET ADDRESS			2.	3 STREET	ADDRESS			ì
CITY-ST-ZIP			2.	4 CITY-S	ST-ZIP			
TITLE				1 TITLE			Char	nge Addition
NAME			3.	2 NAME				
STREET ADDRESS			3.	3 STAEET	ADDRESS			
CITY-ST-ZIP				4. CITY - S				
TITLE				1 TITLE	-		Char	nge Addition
NAME		_		2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				4 CITY-S				
TITLE				1 TITLE			Char	nge Addition
NAME		_		2 NAME				- —
STREET ADDRESS					ADDRESS			
				a city-s	j			ŀ
CITY-ST-ZIP TITLE				4 CHY-S 1 TITLE	1 - ZIF		Char	nge Addition
		.		2 NAME			القالب ني	igo Li radinion
NAME			1 -		4 D D D C C C			
STREET ADORESS	•				ADDRESS			
CITY-ST-ZIP			6.	1 CITY - S	T-ZIP			

I hereby certify that the information supplied with this filling 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 601, Florida Statutes; and that my name appears in