## 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 # P96000084023 1. Corporation Name

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90015 045 \*\*\*150.00

DETAIL ME, INC.									
Principal Plac	e of Business	Mailing Address		_		-  1 (00)(05) ((0 50)(0 61)(1 60))( 00)); 60()( 05)() (01)	i Bibli <b>uu</b> i	I <b>V</b> IS <b>VAN</b> IIII ( <b>B.D</b> i	
1811 N.W. 124TH AVE. 1811 N.W. 124TH AVE.									
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						DO NOT WRITE IN THIS SE	ACE		
						3 Date Incorporated or Qualifed	ACE		
						10/08/1996		ļ	
Principal Place of Business 2a, Mailing Address						4. FEI Number		Applied For	
26						65-0701305		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional	
22		27				ree Required			
City & Stat	City & State	y & State			6. Election Campaign Financing \$5.00 May Be				
23	Country	28 7in	The state of the s			Trust Fund Contribution		to rees	
<b>—</b>				iii y		8. This corporation owes the current year Intangues Personal Property Tax.	] Yes	□No	
24	9. Name and Address of Current		30			10. Name and Address of New Registered Ag			
	g, traine and received			81	Name				
KREVOY, CARY				82	Ctroot Addro	ess (P.O. Box Number is Not Acceptable)			
1811 N.W. 124TH AVENUE			82	Street Addre	ass (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33071				83					
•				84	City	E	85 Ziş	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				Ш		FL		te registered	
						n's board of directors. I hereby accept the appoint	nent as	registered	
agent. I a	am familiar with, and account the obligati	ions of, Section 607.0505, Flor	ida Statu	ites.	b. /	2 /s	g /0	79	
SIGNATURE	Signature Apped or purited name of registered agent	CHRY !	Projetoral		t signature required	when reinstating) DATE			
12.	OFFICERS AND		13.	Agon	t angigurante roquiros	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
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NAME	17		1,2 NA	ME					
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CITY-ST-ZIP	SITY-ST-ZIP CORAL SPRINGS FL 33071			7Y-\$1	r-ZIP				
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NAME			3.2 N					į	
STREET ADDRESS	8				ADDRE\$\$				
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		☐ DELETE	5.3 ST 5.4 CI 6.1 TI 6.2 N/	TY-SI TLE		[	Chang	e	

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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR