## 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 # P97000043918 (6)

COMMITTED TO DETAIL INC.

## **FILED** Apr 29 1998 8:00am Secretary of State



-		Mailing Address				<b> </b>		ITA POLI INNI
Principal Place			•					
8242 ROSEMARIE AVE. W. 8242 ROSEMARIE AVE. W. BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437					<b>,</b>			
BOTHION BE	ACH FL 33437	DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualifie	d		
					05/14/1997			
2. Principal Pr	ace of Business	2a. Mailing Address		- A .	4. FEI Number	<u> </u>	Ap	oplied For
	2 Rosemanie Aveh		EM	are Avel	W 65-0763193	8		ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$		Additional
22							Fee Re	·
City & State  DOJNTON BY				Her FL	B. Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	May Be
Zip	Country	Zip 2 14 187	Сон		8. This corporation owes or has			
24 ごろ34	137 25 Palu Ben	<u> </u>	<b>a</b> 7	alu Ben	Personal Property Tax due Ju	·		] No
	9. Name and Address of Current I				10. Name and Address of New			
DINARDO, WILLIAM 81 Name								
8242 ROSEMARIE AVE. W. BOYNTON BEACH FL 33437				82 Street Address (P.O. Box Number is Not Acceptable)				
				Street Address (F.O. Box Number is Not Acceptable)				
83								
			ļ	84 City		B	el Zin (	Code
	<b>.</b>	1		City		FL  °	a zip v	
11, Pursuant I	o the provisions of Sections 107.0502	and 607 1508, Florida Statutes	the at	ove-named corp	oration submits this statement for th	e purpose of cha	inging it	s registered
oπice or n agent. La	o the provisions of Sections (107.0502) egistered agent, or both, in the State of m familiar with, and accept the Stigation	ons of, Section 607.0505, Flori	nnorizei da Stat	a by the corporati utes.	ion's board or directors. I hereby ac-	cept the appointr	nent as	registered
SIGNATURE					(Dan)	ر 21 ر	199	8
	Signature, typed or punied name of regulatured agency			Agent aignature require		DATE		
12.	OFFICEBS AND	DELETE	13.	7.5	ADDITIONS/CHANGES TO OF		RECTOR Change	Addition
TITLE	D	C DETENT	1.1 70			L.J	Change	Addition
NAME	DINARDO, WILLIAM		1.2 NA					-
STREET ADDRESS	8242 ROSEMARIE AVE. W.		1	REET ADDRESS				
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33437	DELETE	1.4 CI 2.1 TII	TY-ST-ZIP			Change	Addition
NAME	DINAPPO ALLIGONI		2.1 III				Oriange	L. Addition
STREET ADDRESS	DINARDO, ALLISON 8242 ROSEMARIE AVE. W.			REET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2	TY-ST-ZIP	`			i
TITLE	BUTHTON BEACH PL 33437	DELETE	3.1 TI				Change	Addition
NAME		- Precie	3.2 NA			ب	- ··-··y	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			1	TY-ST-ZIP				
TITLE		DELETE	4.1 Til				Change	Addition
NAME		_ <del>_</del>	4.2 N				-	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	5.1 TII				Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			•	TY-ST-ZIP				
TITLE	. , , , , , , , , , , , , , , , , , , ,	DELETE	6.1 TH				Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
CITY-ST-ZIP				ry - ST - ZIP				ł
	ertifu that the Information supplied with	this filing done not qualify for			Section 119 07(3)(i) Florida Statutes	I further certify	that the	information

I nereby certify that the information supplied with this filling does not quarry for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental annual import 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 true toe 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: