

FILED

99 SEP 29 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000054882 ✓					
1. Corporation Name EVERY LAST DETAIL OF BROWARD COUNTY, INC.					

Principal Place of Business	Mailing Address
1857 W. OAKLAND PARK BLVD., STE. 125 OAKLAND PARK FL 33311	1857 W. OAKLAND PARK BLVD., STE. 125 OAKLAND PARK FL 33311

8/10/99 90012018\$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/17/1998		4. FEI Number 65-0446034		Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
22 City & State		27 City & State		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	
23 Zip		28 Zip			
24 Country		29 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANGANELLO, ANTHONY 1857 W. OAKLAND PARK BLVD., STE. 125 OAKLAND PARK FL 33311				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			

11. Pursuant to the provisions of sections 607.0602 and 607.1606, 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 agent. I am familiar with, and accept the obligations of, section 607.0606, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	1.1 TITLE	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	1.2 NAME			1.2 NAME			
STREET ADDRESS	1.3 STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	1.4 CITY-ST-ZIP			1.4 CITY-ST-ZIP			
TITLE	2.1 TITLE	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	2.2 NAME			2.2 NAME			
STREET ADDRESS	2.3 STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE	3.1 TITLE	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	3.2 NAME			3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE	4.1 TITLE	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	4.2 NAME			4.2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	5.1 TITLE	☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME	5.2 NAME			5.2 NAME			
STREET ADDRESS	5.3 STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	5.4 CITY-ST-ZIP			5.4 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 in an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE MUST BE WRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/99 749-4339
Date Daytime Phone

CP2E034 (5/99)

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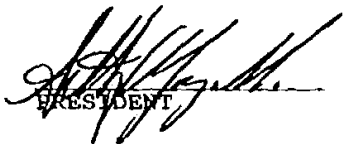
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TO WHOM IT MAY CONCERN

THIS IS THE FIRST NOTICE RECEIVED BY THIS CORPORATION,
FOR THE ANNUAL CORPORATION FEE.

WE FEEL THAT-DUE-TO-THIS-FACT-WE-SHOULD-ONLY PAY THE
ORGINIAL FEE OF \$150.00. THUS WE ARE INCLUDING A CHECK
FOR THIS AMOUNT.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.


PRESIDENT