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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000064876

XTREME DETAILING, INC.

Principal Place of Business

Mailing Address

6504 RAQUET CLUB DRIVE FT. LAUDERDALE FL 33319

6504 RAQUET CLUB DRIVE FT. LAUDERDALE FL 33319

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90066 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					DO 1401 WINTE IN 17110 61	/ \Q_		
					3. Date Incorporated or Qualifed 07/09/1998			
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number		pplied For	
21	acc of Basilless	26			65 - 0853552	N	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional	
22	., 5.5	27			5. Certifcate of Status Desired	Fee R	equired	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes the current year Intan	gible		
24	25	29	0			Yes	□No	
<u></u>	9. Name and Address of Curren		<del>-</del>		10. Name and Address of New Registered Ag	ent		
			81	Name	-			
MCSWEENEY, DEAN				0	(D.O. Bay Mysehas in Not Accontable)			
6504 RAQUET CLUB DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33319		83	1				
				·				
			84	City	FL	85 Zip	Code	
				<u> </u>	poration submits this statement for the purpose of characters the statement for the stat	anging it	rogistored	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti	norizea av	/ the corporati	on's board of directors. I hereby accept the appointr	nent as n	gisterea	
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable (NOTE: R	legistered Age	ent skonature require	ed when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	MCSWEENEY, DEAN		1.2 NAME					
	6504 RAQUET CLUB DRIVE			ET ADDRESS				
STREET ADDRESS	FT. LAUDERDALE FL 33319		1.4 CITY-					
CITY-ST-ZIP	FI. LAUDENDALE FE 33319	☐ DELETE	2.1 TITLE	31-ZIF		Change	Addition	
TITLE			2.2 NAME			_ '		
NAME			1	T ADDRESS	•			
STREET ADDRESS			1					
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-	ST-ZIP		Change	Addition	
TITLE		C OELETE	3.1 TITLE		•			
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TITLE		'	change		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		<del></del>	Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS		A .	6.3 STRE	ET ADDRESS				
CITY_ST_7ID		//	6.4 CITY+	ST-ZIP				

14. I hereby certify that the information supplied with this fifting 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 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 an address, with all other like empowered.

**SIGNATURE:** 

(95A)