FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S64370** **(7)**

1. Corporation Name
PALM DETAILING, INC.

Principal Place of Business	Mailing Address
7930 TOLEDO STREET ORLANDO FL 32812	7930 TOLEDO STREET ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 615 Wavecrest Drive	26 615 Wavecrest Drive
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Orlando, FL 32807	City & State 28 Orlando, FL 32807
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-3074526** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FILIPSKI, MICHAEL J. 7930 TOLEDO STREET ORLANDO FL 32812	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	P	☒ Change ☐ Addition
NAME	FILIPSKI MICHAEL J	12 NAME	Filipski, Michael J	
STREET ADDRESS	7930 TOLEDO ST	13 STREET ADDRESS	615 Wavecrest Drive	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, FL 32807	
TITLE	S	21 TITLE	S/T	☒ Change ☐ Addition
NAME	KOCIC MICHAEL	22 NAME	Kocic, Michael	
STREET ADDRESS	1899 ZOMINDE NW	23 STREET ADDRESS	1899 Zaminder NW	
CITY ST ZIP	PALM BAY FL	24 CITY ST ZIP	Palm Bay, FL	
TITLE	T	31 TITLE	VP	☒ Change ☐ Addition
NAME	KOCIC DARYL	32 NAME	Kocic, Daryl	
STREET ADDRESS	7400 WOODLAKE DR #202	33 STREET ADDRESS	1899 Zaminder NW	
CITY ST ZIP	PALM BAY FL	34 CITY ST ZIP	Palm Bay, FL	
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	KOCIC GRACE	42 NAME		
STREET ADDRESS	1899 ZOMINDER NW	43 STREET ADDRESS		
CITY ST ZIP	PALM BAY FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Michael J Filipski Michael J. Filipski 4/28/95 (407)823-8288
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062035 CP