

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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V52099 (1)  
1. Corporation Name  
AFFORDABLE DETAILING DISTINCTION, INC.



Principal Place of Business <del>8410 S.E. SABAL STREET HOBE SOUND FL 33455 US</del>	Mailing Address <del>P.O. BOX 1009 JUPITER FL 33468 US</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 334 N.E. ELM TERRACE Suite, Apt. #, etc. 22 City & State Jensen Beach, FL 23 Zip 34958 24 Country Martin		2a. Mailing Address 25 P.O. Box 1009 Suite, Apt. #, etc. 26 City & State Jensen Beach, FL 27 Zip 34958 28 Country Martin		3. Date Incorporated or Qualified 07/21/1992	
				4. FEI Number 65-0370534	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARRS, WILLIE PETE <del>8410 S.E. SABAL STREET HOBE SOUND FL 33455</del>				10. Name and Address of New Registered Agent 81 Name WILLIE PETE MARRS 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 1009 83 84 City Jensen Beach FL 85 Zip Code 34958	
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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 Willie Pete Marrs (NOTE: Registered Agent signature required when reinstating) DATE 4-30-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARRS, DONNA S.		1.2 NAME				
STREET ADDRESS	<del>8410 S.E. SABAL STREET</del>		1.3 STREET ADDRESS	334 N.E. ELM TERRACE			
CITY-ST-ZIP	<del>HOBE SOUND FL 33455</del>		1.4 CITY-ST-ZIP	Jensen Beach, FL 34958			
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARRS, WILLIE PETE		2.2 NAME				
STREET ADDRESS	8410 S.E. SABAL STREET		2.3 STREET ADDRESS	334 N.E. ELM TERRACE			
CITY-ST-ZIP	HOBE SOUND FL 33455		2.4 CITY-ST-ZIP	Jensen Beach, FL 34958			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 on an attachment with an address.

CR2E034 (10/97)