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 APR 27 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53977 (7)

1. Corporation Name
ATTENTION TO DETAIL PLUS INC.

Principal Place of Business	Mailing Address
4251 SPRUCE CREEK RD BUILDING 2-B PORT ORANGE FL 32127 US	4251 SPRUCE CREEK RD BUILDING 2-B PORT ORANGE FL 32127 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3141106 ☐ 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

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

9. Name and Address of Current Registered Agent

MENI, JAMIL
4251 SPRUCE CREEK RD, BLDG 2-B
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MENI, JAMIL	1.2 NAME	MENI JAMIL
STREET ADDRESS	4251 SPRUCE RD #2-B	1.3 STREET ADDRESS	4251 SPRUCE CREEK RD. #2B
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	PORT ORANGE FL, PRESIDENT.
TITLE	VTD	2.1 TITLE	☒ Change ☐ Addition
NAME	MCSHEA, CHRISTIAN	2.2 NAME	MENI BRENIERE JOSETTE
STREET ADDRESS	4251 SPRUCE RD #2-B	2.3 STREET ADDRESS	4251 SPRUCE CREEK Rd. #2B
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	PORT ORANGE VICE PRESIDENT.
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BRENIERE, JOSETTE	3.2 NAME	
STREET ADDRESS	4251 SPRUCE RD #2-B	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

X

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 the 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: Jamil E. Meni 4/17/95 (904)-760-9625
DIGITAL SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone Number

0012010 CP