

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Division of Corporations

Division of Corporations

APPROVED
AND
FILED

SEP 1 - 1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69761

(7)

DETAIL U.S.A., INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 10/05/1992	3a. Date of Last Report 10/31/1994
4. FID Number 65-0358842	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 § 190.012, Florida Statutes. ☐ Yes ☒ No	

2. Name of the corporation 21	2a. Mailing Address 26
22	27
23	28
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOLEY, DEAN
2611 NE 11 TERR
POMPANO BEACH FL 33334

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 hereby advised and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

By the State Agent, or the registered agent, or both, if applicable

By the State Agent, or the registered agent, or both, if applicable

By the

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D COOLEY, DEAN 2611 NE 11 TERR POMPANO BEACH FL	1.1 TITLE	☐ Change ☐ Addition
2. NAME		2.1 NAME	
3. NAME		3.1 TITLE	
4. NAME		4.1 NAME	☐ Change ☐ Addition
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99. NAME		99.1 TITLE	
100. NAME		100.1 NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(9)(b), Florida Statutes. I further certify that the information supplied on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent of the corporation and I am filing this report as required by Chapter 607, Florida Statutes, and that my name appears on the 1994-1995 Florida Department of State's annual report.

SIGNATURE:

Arvin Dean Cooley

SIGNATURE AND TYPE OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

Arvin Dean Cooley

4-30-95

305 360 8700
BTEP/A