


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90157 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V71029

1. Corporation Name
DETAIL CONSTRUCTION, INC.



Principal Place of Business 2315 NW 30TH ST OAKLAND PK FL 33311 US	Mailing Address 2315 NW 30TH ST OAKLAND PK FL 33311 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7912 NW 86th Terrace Suite, Apt. #, etc.		2a. Mailing Address 28 7912 NW 86th Terrace Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/05/1992	
22 City & State 23 Tamarac, Florida		27 City & State 28 Tamarac, Florida		4. FEI Number 65-0362376	
24 33321 25 Broward		29 33321 30 Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 33321 27 Broward		28 33321 29 Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 33321 30 Broward		31 33321 32 Broward		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SKOLNICK, TRUDY
 2315 NW 30TH STREET
 4700 SHERIDAN ST, BLDG N
 OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent

81 Name Lawrence B. Skolnick	82 Street Address (P.O. Box Number is Not Acceptable) 7912 NW 86th Terrace	83 City Tamarac	84 State FL	85 Zip Code 33321
---------------------------------	---	--------------------	----------------	----------------------

11. Pursuant to the provisions of Sections 607.05(2) 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 Lawrence B. Skolnick DATE 5/12/99
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P. NAME SKOLNICK, TRUDY G STREET ADDRESS 2315 NW 30TH ST CITY-STATE-ZIP OAKLAND PARK FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D. NAME SKOLNICK, LARRY STREET ADDRESS 2315 NW 30TH ST CITY-STATE-ZIP OAKLAND PARK FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE Lawrence B. Skolnick DATE 4/27/99 DAYTIME PHONE # 954-486-2040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)