

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **830239** (0)
1. Corporation Name
C.A. MUER CORPORATION



Principal Place of Business 1548 PORTER STREET DETROIT MI 48216	Mailing Address 1548 PORTER STREET DETROIT MI 48216-1936
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1973	3a. Date of Last Report 04/10/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 38-1752352	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CANNON, JOHN V. III
1550 RINGLING BLVD.
P.O. BOX 3258
SARASOTA FL 33578**


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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIL, LEO	1.2 NAME	
STREET ADDRESS	21 BEACON HILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE POINTE MI	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABACK, GARY	2.2 NAME	
STREET ADDRESS	2000 TOWN CENTER STE 900	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUER, SUSAN	3.2 NAME	
STREET ADDRESS	45 BEACON HILL	3.3 STREET ADDRESS	30040 JEFFERSON
CITY-ST-ZIP	GROSS POINTE FARMS MI	3.4 CITY-ST-ZIP	ST. CLAIR SHORES, MI. 48082
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINGLE, ROGER	4.2 NAME	
STREET ADDRESS	2536 LINDENWOOD DR.	4.3 STREET ADDRESS	6937 CROSSWELL DR.
CITY-ST-ZIP	WEXFORD PA	4.4 CITY-ST-ZIP	W. BLOOMFIELD, MI. 48322
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDZINSKI, KAREN M.	5.2 NAME	
STREET ADDRESS	25603 SULLIVAN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOVI MI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUER, CHARLES A JR	6.2 NAME	
STREET ADDRESS	25895 CHIPPENDALE CT #D	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE MI	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE 

CR2E034 (9/96)