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FILED
Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 830666 (4)
 1. Corporation Name
DOUGLAS N. HIGGINS INC.



Principal Place of Business Mailing Address
900 VICTORS WAY, SUITE #290 ANN ARBOR MI 48108
900 VICTORS WAY, SUITE #290 ANN ARBOR MI 48108-2705

3. Date Incorporated or Qualified **08/01/1973** 3a. Date of Last Report **01/26/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **3390 Travis Pointe Rd.** 26 **3390 Travis Pointe Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite A** 27 **Suite A**
 City & State City & State
 23 **Ann Arbor, Mi.** 28 **Ann Arbor, Mi.**
 Zip Country Zip Country
 24 **48108** 25 Country 29 **48108** 30 Country

4. FEI Number **38-1807765** 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

9. Name and Address of Current Registered Agent
KELLY, ROBERT J
415 WINNEDGE RIDE
TALLAHASSEE FL

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

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SWEET, JAMES H.	
STREET ADDRESS	9462 HIDDEN LAKE CIRCLE	
CITY - ST - ZIP	DEXTER MI	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAWKER, SUZANNE	
STREET ADDRESS	9462 HIDDEN LAKE CIRCLE	
CITY - ST - ZIP	DEXTER MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIGGINS, DOUGLAS N	
STREET ADDRESS	900 VICTORS WAY #290	
CITY - ST - ZIP	ANN ARBOR, MICH 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Higgins, Douglas N.
3.3 STREET ADDRESS	3390 Travis Pointe Rd. Suite A
3.4 CITY - ST - ZIP	Ann Arbor, Mi. 48108
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ **Jan. 20, 1997** 313-996-9500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034 (9/96)