

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

FILED

**Apr 09 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 # 847030 (4)

1. Corporation Name: **BOOTH AMERICAN COMPANY**



Principal Place of Business 333 W FORT ST DETROIT MI 48226	Mailing Address 333 W FORT ST DETROIT MI 48226-3116
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3. Date Incorporated or Qualified 09/23/1980		3a. Date of Last Report 05/01/1996	
4. FEI Number 38-0826060		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For			
21				26				38-0826060				Not Applicable			
22				27				5. Certificate of Status Desired				<input type="checkbox"/>			
23				28				6. Election Campaign Financing				<input type="checkbox"/>			
24				29				30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
25				30				9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOOTH, LOUISE C			1.2 NAME	PETTERLE, LAURA A		
STREET ADDRESS	333 W FORT ST			1.3 STREET ADDRESS	333 W. FORT ST		
CITY - ST - ZIP	DETROIT, MI 00000			1.4 CITY - ST - ZIP	DETROIT, MI		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEFFERLY, PAUL G (ASST)			2.2 NAME			
STREET ADDRESS	333 W FORT ST			2.3 STREET ADDRESS			
CITY - ST - ZIP	DETROIT, MI 00000			2.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTH, RALPH I, II			3.2 NAME			
STREET ADDRESS	333 W FORT ST			3.3 STREET ADDRESS			
CITY - ST - ZIP	DETROIT, MI 00000			3.4 CITY - ST - ZIP			
TITLE	PSD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTH, JOHN L, II			4.2 NAME			
STREET ADDRESS	333 W FORT ST			4.3 STREET ADDRESS			
CITY - ST - ZIP	DETROIT, MI 00000			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: Laura Petterle Laura Petterle 4/4/97 (313) 202-3370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)