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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 848165

(7)

1. Corporation Name

VERNDALE PRODUCTS, INC.

Principal Place of Business

8445 LYNDON
DETROIT MI 48238

Mailing Address

8445 LYNDON
DETROIT MI 48238



2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip Country

Zip Country

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9. Name and Address of Current Registered Agent

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CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL

85 Zip Code

11. In compliance with the provisions of Sections 607.05(2) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place named on 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 607.05(9), Florida Statutes.

12. Officers and Directors

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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PD
JOHNSON, LAVERNE E.
1000 THREE MILE
GROSSE POINTE MI
TD
JOHNSON, MARLENE L.
1000 THREE MILE
GROSSE POINTE MI
VD
JOHNSON, DALE
975 MADISON
BIRMINGHAM MI
SD
LILLIE, CHARLES
280 WOODWARD, SUITE 300
BIRMINGHAM MI

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13

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. CITY, ST, ZIP

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. CITY, ST, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. CITY, ST, ZIP

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. CITY, ST, ZIP

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. CITY, ST, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report 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 or bonded agent or broker to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, on or after receipt with an address.

SIGNATURE:

Laverne E. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 313-834-4190

CR2E034 (12/95)