

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:08**

DOCUMENT # 858039 (1)
1. Corporation Name
LAUTREC MANAGEMENT COMPANY

Principal Place of Business Making Address
**31550 NORTHWESTERN HWY #200
FARMINGTON HILLS MI 48334** **31550 NORTHWESTERN HWY #200
FARMINGTON HILLS MI 48334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/07/1983** 3a. Date of Last Report **03/16/1994**
4. FEI Number **38-2098021** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Making Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1506, 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 _____ DATE _____
Signature (typed or printed name of registered agent and fee # is required) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARTRICH, SPENCER M.
STREET ADDRESS	31550 NORTHWESTERN HWY
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	D
NAME	SHAPIRO, MICKEY
STREET ADDRESS	31550 NORTHWESTERN HWY
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	P
NAME	GALBRAITH, JAMES
STREET ADDRESS	31550 NORTHWESTERN HWY
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	V
NAME	THOMPSON, RALPH
STREET ADDRESS	31550 NORTHWESTERN HWY
CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I hereby certify that the information indicated 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, that I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report. I am attaching it with an address.

SIGNATURE: *[Signature]* **SPENCER M. PARTRICH, DIRECTOR**
DATE: **1/16/95** 810-851-2700