

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

FILED

**May 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 # F95000001385 (2)
1. Corporation Name
WILSON, KEMP & ASSOCIATES, INC.



Principal Place of Business 400 RENAISSANCE CENTER, SUITE 2155 DETROIT MI 48243	Mailing Address 400 RENAISSANCE CENTER, SUITE 2155 DETROIT MI 48243-1699
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/22/1995	3a. Date of Last Report 07/31/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 38-1878151	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GILSON, KENNETH R 641 NE 19TH AVE. DEERFIELD BEACH FL 33441		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: *X Kenneth R. Gilson* (NOTE: Registered Agent signature required when reinstating) DATE: **4-30-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, THOMAS A	1.2 NAME	
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 2155	1.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI 48243	1.4 CITY - ST - ZIP	
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, ROBERT D JR.	2.2 NAME	
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 2155	2.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI 48243	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUZENS, FRANK	3.2 NAME	
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 2155	3.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI 48243	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESHELMAN, GEORGE C	4.2 NAME	
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 2155	4.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI 48243	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, E. MARK III	5.2 NAME	
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 2155	5.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI 48243	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: *Tom Wilson* DATE: **4/29/97** (313) 255-6710

CR2E034 (9/96)