

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

**FILED**

**May 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002963 (4)**  
 1. Corporation Name  
**MULTI-BANK SERVICES, LTD. COMPANY**



Principal Place of Business <b>28411 NORTHWESTERN HWY., #1350 SOUTHFIELD MI 48034</b>	Mailing Address <b>28411 NORTHWESTERN HWY., #1350 SOUTHFIELD MI 48034-5543</b>
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3. Date Incorporated or Qualified <b>06/13/1996</b>	3a. Date of Last Report
4. FEI Number <b>38-2584711</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent <b>DREWS, MICHAEL W 2400 E. COMMERCIAL BLVD., #320 FT. LAUDERDALE FL 33308</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 <b>PDC</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PDC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MACCAGNONE, DAVID T</b>		1.2 NAME <b>MACCAGNONE, DAVID T</b>	
STREET ADDRESS <b>4043 EXETER C</b>		1.3 STREET ADDRESS <b>2701 YACHT CLUB C-4</b>	
CITY- ST- ZIP <b>BOCA RATON FL 33434</b>		1.4 CITY- ST- ZIP <b>FORT LAUDERDALE FL 33305</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DREWS, MARTIN R</b>		2.2 NAME	
STREET ADDRESS <b>25359 HARCOURT</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP <b>FARMINGTON MI 48336</b>		2.4 CITY- ST- ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DREWS, MICHAEL W</b>		3.2 NAME <b>DREWS, MICHAEL W</b>	
STREET ADDRESS <b>4043 EXETER C</b>		3.3 STREET ADDRESS <b>2701 YACHT CLUB C-4</b>	
CITY- ST- ZIP <b>BOCA RATON FL 33434</b>		3.4 CITY- ST- ZIP <b>FORT LAUDERDALE FL 33305</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MACCAGNONE, DAVID T</b>		4.2 NAME <b>MACCAGNONE, DONALD</b>	
STREET ADDRESS <b>38197 PAYNE</b>		4.3 STREET ADDRESS <b>36197 PAYNE</b>	
CITY- ST- ZIP <b>CLINTON TWP MI 48035</b>		4.4 CITY- ST- ZIP <b>CLINTON TWP., MI 48035</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FOLEY, MARK J</b>		5.2 NAME	
STREET ADDRESS <b>2542 RIPPLE WAY</b>		5.3 STREET ADDRESS	
CITY- ST- ZIP <b>WHITE LAKE MI 48383</b>		5.4 CITY- ST- ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MACCAGNONE, JEFFREY T</b>		6.2 NAME	
STREET ADDRESS <b>1923 VAN ANTWERP</b>		6.3 STREET ADDRESS	
CITY- ST- ZIP <b>GROSSE POINTE MI 48236</b>		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: David T. Maccagnone **4-30-97** **810-351-5800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)