

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

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000001328 (0)**  
 1. Corporation Name  
**CALI RV CORP**



Principal Place of Business <b>1760 S. TELEGRAPH RD., #300                  BLOOMFIELD HILLS MI 48302-0183</b>	Mailing Address <b>1760 S. TELEGRAPH RD., #300                  BLOOMFIELD HILLS MI 48302-0183</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3000 TOWN CENTER</b> Suite, Apt. #, etc. 22 <b>540</b>		2a. Mailing Address 26 <b>3000 TOWN CENTER</b> Suite, Apt. #, etc. 27 <b>540</b>		3. Date Incorporated or Qualified <b>03/17/1997</b>	
City & State 23 <b>SOUTHFIELD, MI</b> Zip Country 24 <b>48075</b> 25 <b>OAKLAND</b>		City & State 28 <b>SOUTHFIELD, MI</b> Zip Country 29 <b>48075</b> 30 <b>OAKLAND</b>		4. FEI Number <b>38-3333647</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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>COHRS, DENIS A                  1905 N. FLORIDA AVE.                  TAMPA FL 33602</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTDC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NODEL, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>1760 S. TELEGRAPH RD., #300</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48302-0183</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHRAM, BRADLEY J</b>	2.2 NAME	
STREET ADDRESS	<b>1760 S. TELEGRAPH RD., #300</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48302-0183</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Richard Nodel* 1/9/98 248 355 1550

CR2E034 (10/97)