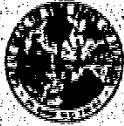


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P25307 (0)

1. Corporation Name
INLAND WATERS POLLUTION CONTROL, INC.

Principal Place of Business: **2021 S. SCHAEFER DETROIT MI 48217-1239**
Mailing Address: **2021 S. SCHAEFER DETROIT MI 48217-1239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1989		3a. Date of Last Report 05/01/1994	
4. FEI Number 38-2024780		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH 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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, TIMOTHY	1.2 NAME	
STREET ADDRESS	3400 E. LAFAYETTE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCH, LAWRENCE	2.2 NAME	
STREET ADDRESS	2021 S. SCHAEFER	2.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOAVE, ANTHONY L.	3.2 NAME	
STREET ADDRESS	3400 E. LAFAYETTE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT L.	4.2 NAME	
STREET ADDRESS	2021 S. SCHAEFER	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCZAK, RICHARD	5.2 NAME	
STREET ADDRESS	3400 E. LAFAYETTE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, J.J.	6.2 NAME	
STREET ADDRESS	2021 S. SCHAEFER HWY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	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 110.07(3)(k), 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: *J.J. Vaughn* **4/20/95** **313 841 5800**
DATE: _____ TELEPHONE: _____

CR2E034 (3/95)