

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 07/25/1989
3a. Date of Last Report: 07/07/1995
4. FEI Number: 38-2024780
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 State: Apt. #, etc.
22 City & State
23 Zip
24 Country

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
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

Signature, typed or printed name of registered agent and Director, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCARTHY, TIMOTHY	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY - ST - ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRITCH, LAWRENCE	
STREET ADDRESS	2021 S. SCHAEFER	
CITY - ST - ZIP	DETROIT MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOAVE, ANTHONY L.	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY - ST - ZIP	DETROIT MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT L.	
STREET ADDRESS	2021 S. SCHAEFER	
CITY - ST - ZIP	DETROIT MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANCZAK, RICHARD	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY - ST - ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAUGHN, J.J.	
STREET ADDRESS	2021 S. SCHAEFER HWY.	
CITY - ST - ZIP	DETROIT MI	

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 checked="" type="checkbox"/> Addition
2.2 NAME	John A. Forrester
2.3 STREET ADDRESS	2021 S. Schaefer
2.4 CITY - ST - ZIP	DETROIT, MI
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Williams
3.3 STREET ADDRESS	2021 S. Schaefer
3.4 CITY - ST - ZIP	DETROIT, MI
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)(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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96
Date

Daytime Phone #

CR2E034 (12/95)