

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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 Mailing Address  
**2021 S. SCHAEFER** **2021 S. SCHAEFER**  
**DETROIT MI 48217-1239** **DETROIT MI 48217-1239**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/25/1989	03/06/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		38-2024780	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**C T CORPORATION SYSTEM**  
**% C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ 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	NAME	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MCCARTHY, TIMOTHY	12 NAME	
STREET ADDRESS	3400 E. LAFAYETTE	13 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCH, LAWRENCE	22 NAME	
STREET ADDRESS	2021 S. SCHAEFER	23 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRESTER, JOHN A.	32 NAME	
STREET ADDRESS	2021 S SCHAEFER	33 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT L.	42 NAME	
STREET ADDRESS	2021 S. SCHAEFER	43 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCZAK, RICHARD	52 NAME	
STREET ADDRESS	3400 E. LAFAYETTE	53 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, J.J.	62 NAME	
STREET ADDRESS	2021 S. SCHAEFER HWY.	63 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	64 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 to this address.

SIGNATURE: *J.J. Vaughn* 4-30-97 317-841-5800

CR2E034 (9/96)