

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P29857** (0)

1. Corporation Name  
**AAUSTIN ENTERPRISES, INC.**



Principal Place of Business: **25299 BREST RD TAYLOR MI 48180 US**  
Mailing Address: **25299 BREST RD TAYLOR MI 48180 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

3. Date Incorporated or Qualified: **06/20/1990**  
3a. Date of Last Report: **05/22/1995**  
4. FEI Number: **31-1300896**  
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

9. Name and Address of Current Registered Agent

**FINK, WILLIAM  
16591 ROYAL POINCIANA CT.T  
FT. LAUDERDALE FL 33326**

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 607.0902 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Signature must be printed in block, and must be typed in block. Name of New Agent must be printed in block.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SZENAS, ALEX	
STREET ADDRESS	9730 HARRISON	
CITY-ST-ZIP	ROMULUS MI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCLOE, ANN	
STREET ADDRESS	9730 HARRISON	
CITY-ST-ZIP	ROMULUS MI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCLOE, GARRY	
STREET ADDRESS	9730 HARRISON	
CITY-ST-ZIP	ROMULUS MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Alex Szenas	
13 STREET ADDRESS	25299 Brest Road	
14 CITY-ST-ZIP	Taylor, MI 48180	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	McCloe Ann	
23 STREET ADDRESS	25299 Brest Road	
24 CITY-ST-ZIP	Taylor, MI 48180	
31 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	McCloe Garry	
33 STREET ADDRESS	25299 Brest Road	
34 CITY-ST-ZIP	Taylor, MI 48180	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 supplement if 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 trustee or trustee or powerholder 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: *Ann McCloe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-96: (313) GML  
7189

CR2E034 (12/95)