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

**PROFIT** CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

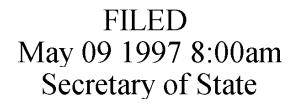
Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30279

(4)

MICHIGAN WILL CO.

•	0021	J	
INC	<b>)</b> .		



MIOFICA	AT WILLOO! INO						
Principal Place	e of Business	Mailing Address					
281 CHESTNUT BLOOMFIELD H		281 CHESTNUT CIRCLE BLOOMFIELD HILLS MI 48304-2105					
						3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1990 03/08/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FET Number Applied For	
21		26				38-2709395 Not Applicate	lo
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional		
City & State	0	City & State				Fee Required	
23	•	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s 199.032,		
24	25		30			Florida Statutes Yes No	
AT /	9. Name and Address of Currer	nt Registered Agent		81	Namo	10. Name and Address of New Registered Agent	
	CORPORATION SYSTEM  ) S. PINE ISLAND ROAD		L				
	NTATION FL 33324			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
100	MINION I E OUVET		ţ	83			
			Ì	84	City	FL 85 7ip Code	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	92 and 607, 1508, Florida Statute of Florida, Such change was au	s, the ab thorized	ove by	named corporation	oration submits this statement for the purpose of changing its registere on's board of directors. I horoby accept the appointment as registered	d
agent. i a SIGNATURE	m tamiliar wiin, and accept the oblig	ations of, Section 607,0505, Flor	ida Siait	дөѕ			1
	Signature, typod or printed name of registered age			Age	nt signature require	ed when reinstating) DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	PD Williams, David J.	DECETE	1.1 1111			Change Addition	m   s
STREET ADDRESS	281 CHESTNUT CIRCLE		1.2 NAI		ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304		1.4 CIT				
TITLE	VD	DELETE	2.1 111		··•	Change Addition	on 6
NAME	WILLIAMS, GRAHAM D.		2.2 NAI	ME			
STREET ADDRESS	4015 ANTIQUE LANE		2.3 \$16	REET.	ADDRESS		
CiTY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48302</b>		2 4 01	IY-S	1 - Z(f)		
TITLE STD		☐ DELETE	3.1 111	ĮĘ		Change Addition	on.
NAME WILLIAMS, EVELYN J.			3.2 NA	ME			
STREET ADDRESS 281 CHESTNUT CIRCLE					ADDRESS		
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304		DELETE	3.4. G(TY+ST+ZIP)		1 - ZIP	Change Addition	
NAME		L. OTTE	4.1 UII		İ	L Change L Autom	<i>A</i> 1
i l			J		ADDRESS		-
STREET ADDRESS CITY-ST-ZIP			4.4 Cil				
TITLE		DELETE	5.1 111		1-511	Change Addition	on l
NAME		-	5.2 NA	ME		_ ,	
STREET ADDRESS	1				ADDRESS		- [
CITY-ST-ZIP			5.4 CITY- \$1 - 7IP		1-712		
TITLE		DELETE	6.1 111			Change Addition	ЭſI
NAME			6.2 NA	ME			-
STREET ADDRESS			6.3 STF	{E { ] .	ADDRESS		
CITY-ST-ZIP			6.4 CI1				
Intormatio	in indicated on this annual report or s	supplemental annual report is tru	ue and a	ccu	rate and that	In Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same logal effect as if made under oath; these required by Chapter 607, Florida Statutes, and that my rapid.	nat