

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32813

(8)

1. Corporation Name

ROYAL PREMIUM BUDGET, INC.

Principal Place of Business

Mailing Address

29355 NORTHWESTERN HIGHWAY, #200
SOUTHFIELD MI 48034

29355 NORTHWESTERN HIGHWAY, #200
SOUTHFIELD MI 48034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/14/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 30833 NORTHWESTERN HWY.

26 30833 NORTHWESTERN HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #220

27 #220

City & State

City & State

23 FARMINGTON HILLS, MI

28 FARMINGTON HILLS, MI

Zip

Country

Zip

Country

24 48334

25 OAKLAND

29 48334

30 OAKLAND

4. FEI Number

38-2918709

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 P
NAME KAUFMAN, HERBERT W.
STREET ADDRESS 29355 NORTHWESTERN HWY.
CITY- ST- ZIP SOUTHFIELD MI

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE S
NAME BOTHE, BROOKE
STREET ADDRESS 5659 BULLARD ROAD
CITY- ST- ZIP FENTON MI

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE T
NAME WESOLOWSKI, GERALD
STREET ADDRESS 12025 BRANDYWINE
CITY- ST- ZIP BRIGHTON MI

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME HORTON, GERALD W.
STREET ADDRESS 4553 OAK POINTE
CITY- ST- ZIP BRIGHTON MI

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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)(b), 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:

Gerald Wesołowski
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

GERALD WESOLOWSKI

4-24-95

810-932-9000