

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001
3519 E. FLORIDA AVENUE, SUITE 200
TALLAHASSEE, FLORIDA 32310

APPROVED
AND
FILED

02 MAY - 11 AM 2:33

DOCUMENT # **P94000008941 (4)**

1. Corporation Name
RIMCO XIII, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Office of the corporation
**P.O. BOX 2475
TAX DEPARTMENT 10-98
FARMINGTON HILLS MI 48333-2475**

Principal Office of the corporation
**P.O. BOX 2475
TAX DEPARTMENT 10-98
FARMINGTON HILLS MI 48333-2475**

DEPOSIT UNDER THIS SPACE

2. Principal Office of the Corporation		2a. Mailing Address		3. Date of this Report	3a. Date of Last Report
21. State App. # 01	22. City, State	26. State App. # 01	27. City, State	02/03/1994	
4. FEI Number 65-0465952				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. Does corporation have liability for intangible tax under 1994 Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
24. State	25. County	29. State	30. County		

9. Name and Address of Current Registered Agent
**BARRY, PATRICK A
200 E. BROWARD BLVD.
SUITE 1900
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3) Florida Statutes, the above named corporation hereby files 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 the registered agent Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUGH, RICHARD E	NAME	
STREET ADDRESS	27777 INKSTER RD. (10-98)	STREET ADDRESS	
CITY, ST, ZIP	FARMINGTON HILLS MI 48333	CITY, ST, ZIP	
TITLE	D	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN, JOHN F	NAME	REGAN, JOHN F
STREET ADDRESS	27777 INKSTER RD. (10-98)	STREET ADDRESS	27777 Inkster Road
CITY, ST, ZIP	FARMINGTON HILLS MI 48333	CITY, ST, ZIP	Farmington Hills, MI 48333
TITLE	D	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT C	NAME	BROWN, ROBERT C
STREET ADDRESS	27777 INKSTER RD. (10-98)	STREET ADDRESS	27777 Inkster Road
CITY, ST, ZIP	FARMINGTON HILLS MI 48333	CITY, ST, ZIP	Farmington Hills, MI 48333
TITLE	D	TITLE	TT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL, DEBORAH A	NAME	Heil, Deborah Ann
STREET ADDRESS	27777 INKSTER RD. (10-98)	STREET ADDRESS	27777 Inkster Road
CITY, ST, ZIP	FARMINGTON HILLS MI 48333	CITY, ST, ZIP	Farmington Hills, MI 48333-2475
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the corporation's status as tax-free (1107)(3)(B), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report or fees and charges and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the secretary or treasurer or authorized person empowered to execute the report or to prepare it, Chapter 1107, Florida Statutes, and that my name appears in Part 12 or Part 13 of this report or supplemental report with an address.

SIGNATURE: *Deborah Heil*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH HEIL

421-95 (910) 4733860