

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000075290 (3)

1. Corporation Name
RIMCO VII, INC.



Principal Place of Business: P.O. BOX 2475, TAX DEPARTMENT 10-98, FARMINGTON HILLS MI 48333-2475
Mailing Address: P.O. BOX 2475, TAX DEPARTMENT 10-98, FARMINGTON HILLS MI 48333-2475

3. Date Incorporated or Qualified: 09/29/1995
3a. Date of Last Report
4. FEI Number: 62-1618312
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

2. Principal Place of Business
21 8225 Ibis Boulevard
22 Suite, Apt. #, etc.
23 West Palm Beach, FL
24 Zip 33412
25 Country
2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent: WELLES, PATRICIA G, 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET, MIAMI FL 33130
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, ROBERT C	
STREET ADDRESS	27777 INKSTER ROAD (10-98)	
CITY-ST-ZIP	FARMINGTON HILLS MI 48333	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENSON, JEROME	
STREET ADDRESS	27777 INKSTER ROAD (10-98)	
CITY-ST-ZIP	FARMINGTON HILLS MI 48333	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEBLER, IRVIN	
STREET ADDRESS	27777 INKSTER ROAD (10-98)	
CITY-ST-ZIP	FARMINGTON HILLS MI 48333	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEIL, DEBORAH A	
STREET ADDRESS	27777 INKSTER ROAD (10-98)	
CITY-ST-ZIP	FARMINGTON HILLS MI 48333	
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

1.1 TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Blough	
3.3 STREET ADDRESS	27777 Inkster Road (10-98)	
3.4 CITY-ST-ZIP	Farmington Hills, MI 48333-2475	
4.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tim Rutland	
5.3 STREET ADDRESS	27777 Inkster Road (10-98)	
5.4 CITY-ST-ZIP	Farmington Hills, MI 48333	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: [Signature] 4-11-96 (810) 4733860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)