

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **853047** (9)

95 APR 14 PM 4: 25

1. Corporation Name  
**ANGELO IAFRATE COMPANY**

Principal Place of Business Mailing Address  
**26400 SHERWOOD WARREN MI 48091** **26400 SHERWOOD WARREN MI 48091**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/02/1982</b>	3a. Date of Last Report <b>01/31/1994</b>
4. FEI Number <b>38-1894432</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent  
**IRLAND, CHARLENE  
NO. 5 PETREA TERRACE  
ORMOND BEACH FL 32074**

10. Name and Address of New Registered Agent  
81 Name **Robert Williams**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**380 West Alfred Street**  
83  
84 City **Tavares** FL 85 Zip Code **32778-3298**

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]* **Robert Q. Williams** DATE **4/7/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>IAFRATE, ANGELO</b>
STREET ADDRESS	<b>1719 GUNN ROAD</b>
CITY - ST - ZIP	<b>ROCHESTER MI</b>
TITLE	<b>VD</b>
NAME	<b>IAFRATE, DOMNIC</b>
STREET ADDRESS	<b>1528 STONY CREEK DR.</b>
CITY - ST - ZIP	<b>ROCHESTER MI</b>
TITLE	<b>S</b>
NAME	<b>IAFRATE, ANGELO, JR.</b>
STREET ADDRESS	<b>1089 POINTE PLACE COURT</b>
CITY - ST - ZIP	<b>ROCHESTER MI</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 110.07(3)(4), 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR