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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

858039

(1)

LAUTREC MANAGEMENT COMPANY

FILED May 01 1996 8:00am Secretary of State



	THWESTERN HWY #200 ON HILLS MI 48334	31550 NORTHW FARMINGTON H	/ESTERN HWY #2 IILLS MI 48334	100			
					3. Date Incorporated or Qualified 10/07/1983	3a. Date of Las 03/14/	•
2. Principal Pla	ace of Business	2a. Mailing Addres	s		4. FEI Number	<u> </u>	Applied For
21		26			38-2098021	-	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, e	etc.		5. Certificate of Status Desired	\$8.	75 Additional
22		27			5. Certificate of Status Besileo	□ F	e Required
City & State	9	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution	Ac	lded to Fees
_, ^{Zip}	Country	Zip	Cou	ntry	8. This corporation has liability for i		r s 19 9,032,
25 29 29 Name and Address of Current Registered Agent			30		Florida Statutes Yes No		
	9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of New R	egistered Agent	
				81 Name			
	RPORATION SYSTEM		82 Street Add		ldress (P.O. Box Number is Not Acceptable)		
	. PINE ISLAND ROAD			02			
PLANTA	ATION FL 33324		J	83			
			Ì	84 City		F L ⁸⁵	Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	2 and 607 1508. Florida 5	Statutes the abo	ve-named corno	ration submits this statement for the pur		ts registered office
or registere	red agent, or both, in the State of Flori	da. Such change was au	ithorized by the c	orporation's boa	ard of directors. I hereby accept the appo	ointment as registe	red agent. I am
	th, and accept the obligations of, Sect	ion 607,0000, Florida St	alules.				
SIGNATURE _	Signature, typed or printed name of registered agent	t and title it applicable.	(NOTE: Booistered	Agent signature require	nd wher reinstaling	DATE	
12.		D DIRECTORS	13.	An a all and a second	ADDITIONS/CHANGES TO OFFI		TORS IN 12
TITLE	D	☐ DELETI		TLE		☐ Chan	
NAME	PARTRICH, SPENCER M.		1.2 NA	ME			
STREET ADDRESS	31550 NORTHWESTERN HV	W	1.3 S1	REET ADDRESS			
CITY-ST-ZIP	•		4	IY-\$T-ZIP			
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14. I do hereby certify that the information supplied with Thisylling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(s)(k), Florida Statutes. I further certify that the information indicated on this annual report of 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 of this 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

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

810- 851 - 270n Daytirre Phone #