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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 527276

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FILED Mar 31 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 905 8TH AVE 2001 W ALEXANDRINE PALMETTO FL 34221 DETROIT MI 48208 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1726644 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible □ No Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WRIGLEY, R.A. 81 Name 905 8TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) PALMETTO FL 34221 83 84 City 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, typed or printed runke of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Addition Change TITLE WRIGLEY, R. A. 1.2 NAME 2E034 NAME 2001 ALEXANDRINE STREET ADDRESS 1.3 STREET ADDRESS DETROIT MI CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WRIGLEY, BARBARA NAME 2.2 NAME 2001 ALEXANDRINE STREET ADDRESS 2.3 STREET ADDRESS DETROIT MI CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PHILLIPS, ROBERT NAME 3.2 NAME 2001 ALEXANDRINE STREET ADDRESS 3.3 STREET ADDRESS DETROIT MI CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition HARMON, JOHN L. NAME 4 2 NAME 2001 ALEXANDRINE STREET ADDRESS 4.3 STREET ADDRESS DETROIT MI CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 dranged, or on an attachment with an address.