FILED

Mar 16, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # OOO

1. Corporation	ER CORPORATION					
Principal Place of Business Mailing Address						4 INDÍAN FRIAN IIÌN ANNIN KINDO FIITA ENT DIRET ANNIN RENT RENT ANNIN ATORE RIBIT (RAT
400 GALLERIA (SUITE 220		400 GALLERIA OFFICENTRE SUITE 220				
SOUTHFIELD MI 48086-5116 US		SOUTHFIELD MI 48086-5116 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/11/1973
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21 26						38-1752352 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
22		City & State				
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax.
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
CANNON, JOHN V. III			L			Mary (2.0. Day Marker in Net Associately)
	RINGLING BLVD.			82	Street Add	Idress (P.O. Box Number is Not Acceptable)
	BOX 3258 ASOTA FL 33578		8	83		
Orav	1001A1E 33376		8	84	City	FL 85 Zip Code
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligations of the section o	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized t ida Statut	by ti tes.	he corporati	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D .	DELETE	1.1 TITL	E		✓ ☐ Change ☐ Addition
NAME	BEIL, LEO		1,2 NAM	ΙE		
STREET ADDRESS	21 BEACON HILL		1,3 STRI	EET #	ADDRESS	
CITY-ST-ZIP	GROSSE POINTE MI		1,4 CITY-ST-		-ZIP	
TITLE	S TABACK CABY	☐ DELETE	2.1 TITL			Change Addition
NAME	TABACK, GARY 2000 TOWN CENTER STE 900		2,2 NAM		**************************************	and the second of the second o
STREET ADDRESS	SOUTHFIELD MI		2.4 CITY		ADORESS	
CITY-ST-ZIP TITLE	P	☐ DELETE	3.1 TITLE		- 217	Change Addition
NAME	ZINGLE, ROGER		3.2 NAM			
STREET ADDRESS	6937 CROSSWELL DR		3.3 STREET		ADORESS	
CITY-ST-ZIP	BLOOMFIELD MI		3.4. CITY-ST		-ZIP	
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition
NAME			4, 2 NAM	Æ		
STREET ADDRESS			4.3 STRE	EET/	ADDRESS	
CITY-ST-ZIP			4.4 CITY	-ST-	- ZIP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITLI		-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.2 NAM			☐ Change ☐ Addition f
NAME STREET ADDRESS			- E		ADDRESS	

CITY-ST-ZIP 14. I hereby 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 eceiver 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: (X

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

248-372-2100