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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 527276**

1. Corporation	n Name								
DETMAR	SOUTH INCORPORATED								
						1 100101 01110 21011 10	913 (1811 18318 9)11 3161) 8	(DIN SING) PION BI	I i) IIII iIIi
Principal Place	e of Business	M	ailing Address	_		7 198187 81118 11831 18	A10 14011 10610 0111 01911 0	INTI MINIT MENER MI	MIL #4811 1881
905 8TH AVE 2001 W ALEXANDRINE							•		
PALMETTO FL 34221 DETROIT MI 48208					no.	DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed			
						03/08/1977	400		
2. Principal Place of Business 2a. Mailing Address		s		4. FEI Number		App	plied For		
21		26	26			59-1726644		Not	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, et	tc.	1 Ser .	5. Certificate of Status I	Desired	-\$8.75 A	
22		27			<u>`.</u>	G. Cermoste of States :		Fee Re	quired
City & Stat	е	<u> </u>	City & State			6. Election Campaign F	-	\$5.00	
23		28	7:			Trust Fund Contribut		Added to	o Fees
Zip	Country	-	Zip	[Country	8. This corporation owe	-		□No
24	9. Name and Address of Curren	29	stored Agent	30		Personal Property Ta 10. Name and Address			
	J. Haine and Address of Conten	it itegia	stored Agent		81 Name	7			
WRIG	SLEY, R.A.						IGLEY		
905	8TH AVE					dress (P.O. Box Number is No	ot Acceptable)		
PALA	METTO FL 34221				83				
					24 - 27 - 2			ae Zin C	obo.
					84 City	ALMETTO	FL	85 Zip C	22/
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 6	07.1508, Florida	Statutes,	the above-named con	rporation submits this stateme	nt for the purpose of	changing its	registered
office or r agent. I a	egistered agent, or both, in the State mamiliar with, and accept the obliga	ot Fioni tions of	da. Such change	was auun	onzeo by the curpora	mon's board of directors. Their	еру ассертив арро	ນເນເນສານ ອວ ເອງ	algrenera)
			, pecuon our our	ua, midrida	Glatutes.				ì
	1 Saxbora	N PL	1 0 /- 711			·	3.27.	99	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	if applicable.		gistered Agent signature requi		DATE		DS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title	if applicable.	(NOTE: Rec	gistered Agent signature requi	ired when reinstating) ADDITIONS/CHANGE	DATE	ND DIRECTO	
SIGNATURE 12. TITLE	Stynature, typed or printed name or registered ager OFFICERS AN	nt and title	if applicable.	(NOTE: Rec	gistered Agent signature requi		DATE		RS IN 12
SIGNATURE 12. TITLE NAME	Stynature, typed or printed name or registered ager OFFICERS AN P WRIGLEY, R. A.	nt and title	if applicable.	(NOTE: Rec	gistered Agent signature requi 13. 1.1 TITLE 1.2 NAME		DATE	ND DIRECTO	
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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 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, with all other like empowered.

SIGNATURE: