

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **589043** (9)
 1. Corporation Name
NYLON POLYMERS, INC.



Principal Place of Business: **C/O T & N INDUSTRIES, INC. 325 E. EISENHOWER PARKWAY ANN ARBOR MI 48108**
 Mailing Address: **777 EISENHOWER PARKWAY STE 600 ANN ARBOR MI 48108 US**

3. Date Incorporated or Qualified: **10/10/1978**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-1848796**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2443 ROCKFILL RD. 22 PO BOX 6927 23 FT MYERS, FL 24 33916**
 2a. Mailing Address: **26 2443 ROCKFILL RD. 27 PO BOX 6927 28 FT MYERS, FL 29 33916**
 Country: **25 USA 30 USA**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 8751 WEST BROWARD BLVD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name: **JOHN C LEE**
 82 Street Address (P.O. Box Number is Not Acceptable): **2443 ROCKFILL RD.**
 83
 84 City: **FT MYERS, FL** 85 Zip Code: **33916**

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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]* Date: **6/21/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLIFTON, MICHAEL W.	
STREET ADDRESS	2442 ROCKFILL ROAD	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, DONNA L	
STREET ADDRESS	777 EISENHOWER PARKWAY, SUITE 600	
CITY - ST - ZIP	ANN ARBOR MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLER, JAMES D.	
STREET ADDRESS	777 EISENHOWER PARKWAY, SUITE 600	
CITY - ST - ZIP	ANN ARBOR MI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEE, JOHN	
STREET ADDRESS	2442 ROCKFILL RD	
CITY - ST - ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CLIFTON, MICHAEL W.	
13 STREET ADDRESS	2443 ROCKFILL RD.	
14 CITY - ST - ZIP	FT MYERS, FL 33916	
21 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KROHG, OLAF	
23 STREET ADDRESS	2443 ROCKFILL RD.	
24 CITY - ST - ZIP	FT MYERS, FL 33916	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SANSON, KEITH GEOFFREY	
33 STREET ADDRESS	2443 ROCKFILL RD.	
34 CITY - ST - ZIP	FT MYERS, FL 33916	
41 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LEE, JOHN	
43 STREET ADDRESS	2443 ROCKFILL RD.	
44 CITY - ST - ZIP	FT MYERS, FL 33916	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* John Lee Date: **6/21/96** (941)337-0400

CR2E034 (3/96)