FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 671813 (4)

1. Corporation Name
SOUTHSCOPE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
164 INDUSCO TROY MI 48083-4223	164 INDUSCO TROY MI 48083-4223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1980
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 777 Chicago Road.
22 Suite, Apt. #, etc.
23 City & State: Troy, MI
24 Zip: 48083
25 Country: Macomb

2a. Mailing Address
26 777 Chicago Road.
27 Suite, Apt. #, etc.
28 City & State: Troy, MI
29 Zip: 48083
30 Country: Macomb

4. FEI Number: 31-1010489 ☐ 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

9. Name and Address of Current Registered Agent

MILIDRAG, GEORGE D.
2951 RHONE DRIVE
PALM BEACH GARDEN FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 445 Antigua Lane
83
84 City: Palm Beach FL 85 Zip Code: 33480

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	MILIDRAG, GEORGE D.	1.2 NAME		
STREET ADDRESS	2951 RHONE DR.	1.3 STREET ADDRESS	445 Antigua Lane	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	V	2.1 TITLE		☑ Change ☐ Addition
NAME	MILIDRAG, BRIAN	2.2 NAME		
STREET ADDRESS	164 INDUSCO	2.3 STREET ADDRESS	777 Chicago Road	
CITY-ST-ZIP	TROY MI	2.4 CITY-ST-ZIP	Troy MI 48083	
TITLE	ST	3.1 TITLE		☑ Change ☐ Addition
NAME	MICIDRAG, RUTH	3.2 NAME	Milidrag, Ruth	
STREET ADDRESS	164 INDUSCO	3.3 STREET ADDRESS	777 Chicago Road.	
CITY-ST-ZIP	TROY MI	3.4 CITY-ST-ZIP	Troy MI 48083	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: _____ 7-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400063 FP