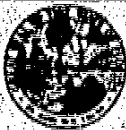


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 671813

(4)

1. Corporation Name

SOUTHSOPE ENTERPRISES, INC.

Principal Place of Business

164 INDUSCO
TROY MI 48063-4223

Mailing Address

164 INDUSCO
TROY MI 48063-4223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1980

3a. Date of Last Report

04/15/1994

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

2. Principal Place of Business

21 777 Chicago Road.

2a. Mailing Address

26 777 Chicago Road.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Troy, MI

City & State

28 Troy, MI

Zip Country

24 48083 25 Macomb

Zip Country

29 48083 30 Macomb

9. Name and Address of Current Registered Agent

MILDRAG, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILDRAG, GEORGE D.
STREET ADDRESS 2951 RHONE DR.
CITY - ST - ZIP PALM BEACH GARDEN FL 33410

TITLE V
NAME MILDRAG, BRIAN
STREET ADDRESS 164 INDUSCO
CITY - ST - ZIP TROY MI

TITLE ST
NAME MICIDRAG, RUTH
STREET ADDRESS 164 INDUSCO
CITY - ST - ZIP TROY MI

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 445 Antigua Lane
1.4 CITY - ST - ZIP Palm Beach, FL 33480

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 777 Chicago Road
2.4 CITY - ST - ZIP Troy MI 48083

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS milidrag, Ruth
3.4 CITY - ST - ZIP 777 Chicago Road
Troy MI 48083

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

Date

Daytime Phone #

7-6-95