

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 # 671813

(4)

1. Corporation Name

SOUTHSOPE ENTERPRISES, INC.

Principal Place of Business

777 CHICAGO ROAD
TROY MI 48063-4223
US

Mailing Address

777 CHICAGO ROAD
TROY MI 48063-4223
US



2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	25
Country	Country
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/01/1980	07/13/1995
4. FEI Number	Applied For
31-1010489	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

MILDRAG, GEORGE D.
445 ANTIGUA LANE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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 then applicable

(NOTE: Registered Agent's signature required when re-appointing)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MILDRAG, 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	MILDRAG, 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	MILDRAG, RUTH	3.2 NAME	
STREET ADDRESS	164 INDUSCO	3.3 STREET ADDRESS	Milidrag Ruth
CITY - ST - ZIP	TROY MI	3.4 CITY - ST - ZIP	777 Chicago Road
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)(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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone

7/8/96

(810) 588-4280

CR2E034 (3/96)