

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 817472 (4)

1. Corporation Name

BLOCH BROTHERS INC

Principal Place of Business

380 N. WOODWARD, STE 250
BIRMINGHAM MI 48009

Mailing Address

380 N. WOODWARD, STE 250
BIRMINGHAM MI 48009



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

05/08/1963

3a. Date of Last Report

06/22/1995

4. FEI Number

38-1617979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

BLOCH, PAULINE
2851 NE 183 ST,
APT. 316E
NORTH MIAMI BEACH FL 33160

81 Name

Michael T. Hand

82 Street Address (P.O. Box Number is Not Acceptable)

320 Grove Ave.

83

Winter Park, FL

84 City

FL

85

Zip Code

32788 89

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

Michael T. Hand

Michael T. HAND

4/23/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BLOCH, PAULINE
STREET ADDRESS 2851 NE 183 ST. #316E
CITY - ST - ZIP NORTH MIAMI BCH FL ☒ DELETE

1.1 TITLE PD
1.2 NAME Fuller, Dale B. ☒ Change ☐ Addition
1.3 STREET ADDRESS 380 N. Woodward Ave., #250
1.4 CITY - ST - ZIP Birmingham, MI 48009

TITLE ST
NAME FULLER, DALE B ☒ DELETE
STREET ADDRESS 380 N. WOODWARD STE 250
CITY - ST - ZIP BIRMINGHAM MI

2.1 TITLE ST
2.2 NAME Bloch, Brian M. ☐ Change ☒ Addition
2.3 STREET ADDRESS 380 N. Woodward Ave., #250
2.4 CITY - ST - ZIP Birmingham, MI 48009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 607, 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

4/8/96

810/647-3434

Date

Daytime Phone

CR2E034 (12/95)