## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819354

(2)

PAUL INMAN ASSOCIATES, INC.

FILED	
Feb 11 1997 8:00an	1
Secretary of State	



Principal Plac	e of Business	Mailing	Mailing Address			e vegelot invar stolin talan kilar distil dina nyaki nyaki disahi milah nibil 1861		
80095 NORTHWESTERN HIGHWAY PO BOX 1600 FARMINGTON HILLS MI 48334-3226		PO BOX	30095 NORTHWESTERN HIGHWAY PO BOX 1600 FARMINGTON HILLS MI 48334-3226					
			VIVI IIIIV KII			3. Date Incorporated or Qualified 02/07/1966	3a. Date of Last Report 01/29/1996	
<u> </u>	lace of Business	<b>2a</b> . Mai	ling Address			4. FEI Number	Applied For	
21		26	· · · · · · · · · · · · · · · · · · ·			38-1617717	Not Applicable	
Sulte, Apt.	#, etc.	<sub>1</sub>	e, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27	D. Circle			<u> </u>	Fee Required	
City & Stat	е	´	& State			6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip	Country	28 Zip		Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		
24	25			30	,	8. This corporation has liability for it	ntangible tax under s. 199.032,	
[24]	9. Name and Address of Curre	[29] nt Registered	J Agent	- Tani		10. Name and Address of New Re		
CT (	CORPORATION SYSTEM			B1	Name			
	O S. PINE ISLAND ROAD			-	<u> </u>			
	NTATION FL 33324			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
FLA	HIMIUH I'L 00024			8	1		عدد نیو ن و بود می اده روی نواند از این از از این از ا	
}					J			
				84	City		FI 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.15	08. Florida Statu	ites, the above	re-named co	progration submits this statement for the p	urpose of changing its registered	
office or r	registered agent, or both, in the Statem familiar with, and accept the oblig	o of Florida, So	uch change was	authorized b	y the corpor	rporation submits this statement for the particular acceptation and all properties acceptations. I hereby acceptations are submitted as a contract of the properties are acceptational acceptance and the properties are acceptanced as a contract of the properties are accep	it the appointment as registered	
\ <b>`</b>	in raminar with, and accept the oblig	jations of, sec	:tioi1 607,0303, r	TOTION STATUTE	· 3.			
SIGNATURE	Signature, typed or printed name of registered ag	jest and title if appli	icable (NC	OTE: Rog stered A	jent signature req	uired when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTOR	S	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	VD		DILETE	1.1 10(£			Change Addition	
NAME	FISCHIONI, PHILIP			1.2 NAME				
STREET ADDRESS	28825 SALEM			1.3 STRF8	1 ADDRESS			
CITY-ST-ZIP	FARMINGTON HILLS MI			1.4 C/TY-	S1-ZIP			
TITLE	VD		☐ DELETE	2.1 TITLE	] -		Change Addition	
NAME	YÖRK, E MALCOLM			2.2 NAME				
STREET ADDRESS .	35018 OLD TIMBER RD			2.3 STREE	I ADDRESS	v ·		
CITY-ST-ZIP	FARMINGTON HILL MI			2.4 CITY	ST - ZiP			
TITLE	VOD		☐ ĐELETE	3.1 1IILE			Change Addition	
NAME	INMAN, GERALD C.			3.2 NAME		INMAN, GERALD C.		
STREET ADDRESS	28563 S HARWICH			3.3 STREE	1 ADDRESS	4034 CRANBROOK CI		
CITY-ST-ZIP	FARMINGTON HILL MI			3 4. CITY	S1-7IP	BLOOMFIELD HILLS,		
TITLE	PD		DELETE	4.1 TITLE			Change Addition	
NAME	FAIRCHILD, RONALD K			4. 2 NAMI			·	
STREET ADDRESS	39635 MUIRFIELD LN			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP	NORTHVILLE MI			4.4 CITY-	ST-ZIP			
TITLE			DELETE	51 TITLE			Change Addition	
NAME				5.2 NAME	Ì		1/6 1	
STREET ADDRESS				5.3 STREE	1 ADDRESS		\\_\\\\	
CITY-ST-ZIP				5.4 CHY-	S1-ZIP		/ //	
TITLE			DELETE	6.17171.6			Change Addition	
NAME	· t			6.2 NAME		900002ns	kaca -	
STREET ADDRESS	* .			6.3 S1RF6	T ADDRESS	-02/11/9701ñ	43056	
CITY-ST-ZIP	i transport			6.4 C/TY-	S1-2IP	90000208 -02/11/97010 ***165,00	the fact fact	

14. I do hereby certify that the information supplied with this filing 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:

11/1/1/10/10

1-28-97 810 626-8300