

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90240 013 \*\*\*\*61.25

**DOCUMENT # 820667**

1. Corporation Name

**CHRYSLER REALTY CORPORATION**

Principal Place of Business

1000 CHRYSLER DR.  
AUBURN HILLS MI 48326

Mailing Address

TAX AFFAIRS 485-12-30  
1000 CHRYSLER DR  
AUBURN HILLS MI 48326



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**08/18/1967**

4. FEI Number

**38-1852134**

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHADY, J.J.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI 48034

TITLE D ☐ DELETE

NAME GILMAN, T.F.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI 48034

TITLE D ☐ DELETE

NAME GOLDFARB, L.H.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI 48034

TITLE V ☐ DELETE

NAME LOFFREDO, J.L.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI 48034

TITLE V ☐ DELETE

NAME BERGSMAN, S.J.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI 48034

TITLE V ☐ DELETE

NAME COVENTRY, D.A.  
STREET ADDRESS 27777 FRANKLIN ROAD  
CITY-ST-ZIP SOUTHFIELD MI 48034

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/99 248 512 3088*  
Date Daytime Phone #

CR2E037 (11/98)

0081867