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Secretary of State

03-22-1999 90090 029 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 828127

1. Corporation Name
CADMIC AGENCY CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3044 WEST GRAND BOULEVARD
 DETROIT MI 48202**

Mailing Address
**3044 WEST GRAND BLVD
 MC 482-1X3-301
 DETROIT MI 48202
 US**

3. Date Incorporated or Qualified
06/09/1972

4. FEI Number
38-6040356 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 owes the current year Intangible Personal Property Tax. Yes No

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FINNEGAN, JOHN D	
STREET ADDRESS	3044 W GRAND BLVD	
CITY-ST-ZIP	DETROIT MI	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	NOLL, WILLIAM B.	
STREET ADDRESS	3044 W GRAND BLVD	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	GC	<input type="checkbox"/> DELETE
NAME	FALIK, JOSPEH L	
STREET ADDRESS	3031 W GRAND BLVD	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	GIBSON, JOHN E	
STREET ADDRESS	3044 WEST GRAND BOULEVARD	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BUSELMEIER, BERNARD J	
STREET ADDRESS	3044 WEST GRAND BLVD	
CITY-ST-ZIP	DETROIT MI	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	KNORR, CAROL J	
STREET ADDRESS	3044 WEST GRAND BOULEVARD	
CITY-ST-ZIP	DETROIT MI 48202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John J. Dunn, Jr.
5.3 STREET ADDRESS	3044 West Grand Blvd.
5.4 CITY-ST-ZIP	Detroit, MI 48202
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: _____ **REQUIRED** Donnay, Asst. Secy. 3/11/99 313 556-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

032E034-11/99