

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 837649 (3)**

1. Corporation Name  
**ANDERSEN & ASSOCIATES, INC.**



Principal Place of Business P O BOX 1015 WIXOM MI 48393-1015 US	Mailing Address P O BOX 1015 WIXOM MI 48393-1015 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1976</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>38-1722178</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**TYMOSKO, DENNIS J.**  
**4732 N.W. 185 STREET**  
**HIALEAH FL 33014**

81 Name <b>TYMOSKO, DENNIS J.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>4722 N.W. 165TH STREET</b>
83 City <b>HIALEAH, FL 33014</b>	84 City <b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMPAU, THOMAS M.</b>		1.2 NAME <b>CAMPAU, THOMAS M.</b>	
STREET ADDRESS <b>24333 INDOPLEX CIR.</b>		1.3 STREET ADDRESS <b>30575 ANDERSEN CT</b>	
CITY-ST-ZIP <b>FARMINGTON MI</b>		1.4 CITY-ST-ZIP <b>WIXOM, MI 48393</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>O'DETTE, JAMES J.</b>		2.2 NAME <b>O'DETTE, JAMES J.</b>	
STREET ADDRESS <b>3146 BROADMOOR AVE.</b>		2.3 STREET ADDRESS <b>30575 ANDERSEN CT</b>	
CITY-ST-ZIP <b>GRAND RAPIDS MI</b>		2.4 CITY-ST-ZIP <b>WIXOM, MI 48393</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORESTER, THOMAS</b>		3.2 NAME <b>FORESTER, THOMAS</b>	
STREET ADDRESS <b>24333 INDOPLEX CIR.</b>		3.3 STREET ADDRESS <b>30575 ANDERSEN CT</b>	
CITY-ST-ZIP <b>FARMINGTON MI</b>		3.4 CITY-ST-ZIP <b>WIXOM, MI 48393</b>	
TITLE <b>CE</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>CE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSEN, HANS JR</b>		4.2 NAME <b>ANDERSEN, HANS JR</b>	
STREET ADDRESS <b>6321 PANORAMA DR.</b>		4.3 STREET ADDRESS <b>6321 PANORAMA DR</b>	
CITY-ST-ZIP <b>BRENTWOOD TN</b>		4.4 CITY-ST-ZIP <b>BRENTWOOD, TN</b>	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>AT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRAWFORD, CORY</b>		5.2 NAME <b>VOUGHT, CORY</b>	
STREET ADDRESS <b>24333 INDOPLEX CIRCLE</b>		5.3 STREET ADDRESS <b>30575 ANDERSEN CT</b>	
CITY-ST-ZIP <b>FARMINGTON MI</b>		5.4 CITY-ST-ZIP <b>WIXOM, MI 48393</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAPPAN, CHARLES</b>		6.2 NAME <b>TAPPAN, CHARLES</b>	
STREET ADDRESS <b>24333 INDOPLEX CIRCLE</b>		6.3 STREET ADDRESS <b>30575 ANDERSEN CT</b>	
CITY-ST-ZIP <b>FARMINGTON MI</b>		6.4 CITY-ST-ZIP <b>WIXOM, MI 48393</b>	

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.

SIGNATURE: *Cory K. Vought* **CORY K. VOUGHT** **02/11/98**

CR2E034 (10/97)