


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90028 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 837649** ✓

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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		38-1722178	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property.	
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TYMOSKO, DENNIS J.</b> <b>4722 NW 165TH ST</b> <b>HIALEAH FL 33014</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPAU, THOMAS M.			1.2 NAME			
STREET ADDRESS	30575 ANDERSEN CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	WIXOM MI 48393			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'DETTE, JAMES J.			2.2 NAME			
STREET ADDRESS	30575 ANDERSEN CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	WIXOM MI 48393			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORESTER, THOMAS			3.2 NAME			
STREET ADDRESS	30575 ANDERSEN CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	WIXOM MI 48393			3.4 CITY-ST-ZIP			
TITLE	CE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSEN, HANS JR			4.2 NAME			
STREET ADDRESS	6321 PANORAMA DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN			4.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOUGHT, CORY			5.2 NAME			
STREET ADDRESS	30575 ANDERSON CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	WIXOM MI 48393			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAPPAN, CHARLES			6.2 NAME			
STREET ADDRESS	30575 ANDERSON CT			6.3 STREET ADDRESS			
CITY-ST-ZIP	WIXOM MI 48393			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.

SIGNATURE: Cory K Vought Date: 7/15/99 (248) 960-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

576 154-70028-41  
837649

CROSKY, LANNI & RAICEVICH, P.C.  
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS  
645 BARCLAY CIRCLE  
ROCHESTER HILLS, MICHIGAN 48307-5804

DAVID M. CROSKY, C.P.A.  
THOMAS B. LANNI, C.P.A.  
STEVAN D. RAICEVICH, C.P.A.

TELEPHONE (248) 844-8000  
FACSIMILE (248) 853-6782

July 21, 1999

Annual Report Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Andersen & Associates, Inc.**

Dear Representative:

We are writing on behalf of the above named company regarding the receipt of a second notice to submit a late fee in addition to the original filing fee for the 1999 Florida Profit Corporation Annual Report.

The Company is not aware of receiving any original form or request to complete the 1999 Florida Profit Corporation Annual Report. One possible reason is that the Company has modified its mailing address since the previous reporting period.(as noted on the attached form).

Therefore, we respectfully request you accept the enclosed payment of \$150 with the filing of the Report. If for any reason the State is not willing to accept the attached Report, please correspond with the Company at its revised address. Thank you in advance for your cooperation.

Sincerely,  
Croskey, Lanni & Raicevich, P.C.

*Carolyn A Jones*  
Carolyn A. Jones, C.P.A.

cc: Cory Vought