

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Montoya
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **837934**

(9)

1. Corporation Name

ALTMAN MANAGEMENT COMPANY

Principal Place of Business

**1780 E. GRAND RIVER
PO BOX 1478
EAST LANSING MI 48823**

Mailing Address

**1780 E. GRAND RIVER
PO BOX 1478
EAST LANSING MI 48823**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1977

3a. Date of Last Report

04/05/1994

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

4. FED Number

38-1914253

Applied For

Not Applicable

5. Certificate of Status Document

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DEUTCH, JEFFREY A.
7777 GLADES RD.
SUITE 300
BOCA RATON FL 33434**

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

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

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

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**POT
ALTMAN, JOEL L
1780 EAST GRAND RIVER
EAST LANSING, MI 0**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
ALTMAN, GAIL
1780 EAST GRAND RIVER
EAST LANSING, MI 0**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**S
ALTMAN, JOEL L
1780 EAST GRAND RIVER
EAST LANSING MI**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☒ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in this law. I am a resident of the State of Florida. 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 it were 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 122, Florida Statutes, and that my name appears in Block 1, or Block 13, or both, as applicable, on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED NAME OF REGISTERED OFFICER OR DIRECTOR

2/1/95 407 9978661