

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840036

(8)

1. Corporation Name

CORE INDUSTRIES, INC.



Principal Place of Business

500 NORTH WOODWARD AVENUE
BLOOMFIELD HILLS MI 48304-2961

Mailing Address

500 NORTH WOODWARD AVENUE
BLOOMFIELD HILLS MI 48304-2961

3. Date Incorporated or Qualified

02/16/1978

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FET Number

38-1052434

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

(X) If Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

T
NAME
HOOPER, THOMAS G
STREET ADDRESS
500 N WOODWARD AVE
CITY-ST-ZIP
BLOOMFIELD HILLS, MI 00000

☐ DELETE

D
NAME
MARKO, HAROLD
STREET ADDRESS
500 N WOODWARD AVE
CITY-ST-ZIP
BLOOMFIELD HILLS, MI 00000

☐ DELETE

D
NAME
STONE, ROBERT G JR
STREET ADDRESS
500 N. WOODWARD AVENUE
CITY-ST-ZIP
BLOOMFIELD HILLS MI

☐ DELETE

D
NAME
SCHWARTZ, ALAN E
STREET ADDRESS
500 N. WOODWARD AVE.
CITY-ST-ZIP
BLOOMFIELD HILLS MI

☐ DELETE

VSD
NAME
MURPHY, LAWRENCE J
STREET ADDRESS
500 N. WOODWARD AVE
CITY-ST-ZIP
BLOOMFIELD HILLS MI

☐ DELETE

PD
NAME
ZIMMER, DAVID R
STREET ADDRESS
500 N WOODWARD AVE
CITY-ST-ZIP
BLOOMFIELD HILLS, MI 00000

☐ DELETE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Thomas G. Hooper, Treasurer

Date

Daytime Phone #

810-642-3400

CR2E034 (12/95)