


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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 301 S. College St. Suite, Apt. #, etc. 22 Suite 2300 City & State 23 Charlotte, NC Zip 24 28202		2a. Mailing Address 26 301 S. College S. Suite, Apt. #, etc. 27 Suite 2300 City & State 28 Charlotte, NC Zip 29 28202		3. Date Incorporated or Qualified 02/16/1978	
Country 25 USA		Country 30 USA		4. FEI Number 38-1052434 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees			

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	
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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	HOOPER, THOMAS G	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 N WOODWARD AVE	1.2 NAME	
STREET ADDRESS	BLOOMFIELD HILLS, MI 48304	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D MARKO, HAROLD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 N WOODWARD AVE	2.2 NAME	
STREET ADDRESS	BLOOMFIELD HILLS, MI 48304	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D STONE, ROBERT G JR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 N. WOODWARD AVENUE	3.2 NAME	
STREET ADDRESS	BLOOMFIELD HILLS MI	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D SCHWARTZ, ALAN E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 N. WOODWARD AVE.	4.2 NAME	
STREET ADDRESS	BLOOMFIELD HILLS MI	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VSD MURPHY, LAWRENCE J	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 N. WOODWARD AVE	5.2 NAME	
STREET ADDRESS	BLOOMFIELD HILLS MI	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	PD ZIMMER, DAVID R	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 N WOODWARD AVE	6.2 NAME	
STREET ADDRESS	BLOOMFIELD HILLS, MI 48304	6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Robert P. McKinney  3/31/98 704-347-6914

CR2E034 (10/97)

CORE INDUSTRIES, INC.

Title
Name
Address
City, State, Zip

Title
Name
Address
City, State, Zip

D/P
Eisenberg, G.A.
2300 One First Union Center
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AT
Hassett, J.P.
2300 One First Union Center
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D/V
Drury, R.E.
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V
Magee, R.L.
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S
McKinney, R.P.
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AS
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AS
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AS
Mayo, J.Z.
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T
Snyder, T.J.
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AT
Greenfeld, S.D.
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