

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **842112**

(5)

1. Corporation Name

TAUB-CO MANAGEMENT, INC.

Principal Place of Business

**200 E. LONG LAKE RD., Suite 300
PO BOX 200
BLOOMFIELD HILLS MI 48303-7200 0200**

Mailing Address

**200 E. LONG LAKE RD., Suite 300
PO BOX 200
BLOOMFIELD HILLS MI 48303-0200**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/19/1979

3a. Date of Last Report

04/25/1996

4. FEI Number

38-1561971

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 of person to be named as registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD
TAUBMAN, ROBERT S**
STREET ADDRESS **200 E. LONG LAKE RD., Suite 300**
CITY-STATE-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☐ DELETE
NAME **S
HECHT, DENNIS J.**
STREET ADDRESS **200 E. LONG LAKE RD., Suite 300**
CITY-STATE-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☐ DELETE
NAME **T
MCGINN, RICHARD B.**
STREET ADDRESS **200 E. LONG LAKE RD., Suite 300**
CITY-STATE-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☒ DELETE
NAME **VD
WINOGRAD, BERNARD**
STREET ADDRESS **200 E LONG LAKE RD**
CITY-STATE-ZIP **BLOOMFIELD HILLS MI**

TITLE ☐ DELETE
NAME **D
LARSON, ROBERT C.**
STREET ADDRESS **200 E. LONG LAKE RD. PO BOX 200, Suite 300**
CITY-STATE-ZIP **BLOOMFIELD HILLS MI 48303-0200**

TITLE ☐ DELETE
NAME **D
TAUBMAN, A ALFRED**
STREET ADDRESS **200 E. LONG LAKE RD., Suite 300**
CITY-STATE-ZIP **BLOOMFIELD HILLS MI 48303-0200**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

Dennis J. Hecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. Hecht

3/4/97

(810) 258-6800

CR2E034 (9/96)

FILED
Mar 12 1997 8:00am
Secretary of State

