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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 844166 (9)

1. Corporation Name
BOYLAN SALES, INC.



Principal Place of Business: 607 N MAIN ST, P.O. BOX 358, PLAINWELL MI 49080-358 US
Mailing Address: 607 N MAIN ST, P.O. BOX 358, PLAINWELL MI 49080-0358 US

3. Date Incorporated or Qualified: 09/18/1979
3a. Date of Last Report: 02/07/1996
4. FEI Number: 38-0366930
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
BOYLAN, LORI
15409 PLANTATION OAKS DR
UNIT 7
TAMPA FL 33647

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	JOSEPH, OSCAR L	
STREET ADDRESS	805 SPRING BEACH RD.	
CITY - ST - ZIP	CARY IL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BOYLAN, JAMES C	
STREET ADDRESS	5880 TRILLIUM TR	
CITY - ST - ZIP	HARBOR SPRINGS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLAN, SARAHANNE	
STREET ADDRESS	5880 TRILLIUM TR	
CITY - ST - ZIP	HARBOR SPRINGS MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYLAN, MICHAEL	
STREET ADDRESS	167 COUNTRY CLUB BOULEVARD	
CITY - ST - ZIP	PLAINWELL MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLAN, PATRICK	
STREET ADDRESS	846 WASHTENAU NE	
CITY - ST - ZIP	GRAND RAPIDS MI	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	DAVENPORT, JUDY	
STREET ADDRESS	2272-114TH AVE	
CITY - ST - ZIP	ALLEGAN MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Judy Davenport* 1/28/97 (616) 685-6828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)