

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 # 845752 (5)

1. Corporation Name

THE STROH BREWERY COMPANY



Principal Place of Business

100 RIVER PLACE  
DETROIT MI 48207-291  
US

Mailing Address

100 RIVER PLACE  
DETROIT MI 48207-291  
US

3. Date Incorporated or Qualified

04/16/1980

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

38-1078840

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE  
NAME STROH, PETER W.  
STREET ADDRESS 26 WAVERLY LANE  
CITY-ST-ZIP GROSS POINTE FARMS MI

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME ABATEMARCO, VINCENT M  
STREET ADDRESS 22508 METAMORA DR  
CITY-ST-ZIP BIRMINGHAM MI

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CD ☐ DELETE  
NAME RUEMENAPP, HAROLD A  
STREET ADDRESS 11005 HARBOR PLACE DR  
CITY-ST-ZIP ST. CLAIR SHORES MI

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 21503 Greater Mack  
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME HENRY, WILLIAM L.  
STREET ADDRESS 710 WATERSHED RD.  
CITY-ST-ZIP ANN ARBOR MI

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME SORTWELL, CHRISTOPHER T.  
STREET ADDRESS 950 E. GLENGARRY CIRCLE  
CITY-ST-ZIP BLOOMFIELD HILLS MI

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VS ☐ DELETE  
NAME KUEHN, GEORGE E.  
STREET ADDRESS 2627 ENGLAVE  
CITY-ST-ZIP ANN ARBOR MI

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 if changed, or on an attachment with an address.

SIGNATURE: C.T. Sortwell X   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

313-446-2463

Daytime Phone #

CR2E034 (12/95)