

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **845752**

(5)

1. Corporation Name

THE STROH BREWERY COMPANY

Principal Place of Business

Mailing Address

**100 RIVER PLACE
DETROIT MI 48207-281
US**

**100 RIVER PLACE
DETROIT MI 48207-4285
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1980	3a. Date of Last Report 04/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1078840	Applied For Not Applicable
22	City & State	27	Tax Department	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STROH, PETER W.			1.2 NAME			
STREET ADDRESS	28 WAVERLY LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	GROSS POINTE FARMS MI			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABATEMARCO, VINCENT M			2.2 NAME			
STREET ADDRESS	22508 METAMORA DR			2.3 STREET ADDRESS	3627 Maxwell Ct.		
CITY-ST-ZIP	BIRMINGHAM MI			2.4 CITY-ST-ZIP	Bloomfield, MI 48301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	CD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V		
NAME	RUEMENAPP, HAROLD A			3.2 NAME	John L. Currie		
STREET ADDRESS	21503 GREATER MACK			3.3 STREET ADDRESS	12391 White Tail Court		
CITY-ST-ZIP	ST. CLAIR SHORES MI			3.4 CITY-ST-ZIP	Plymouth, MI 48170	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	HENRY, WILLIAM L.			4.2 NAME			
STREET ADDRESS	710 WATERSHED RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ANN ARBOR MI			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SORTWELL, CHRISTOPHER T.			5.2 NAME			
STREET ADDRESS	950 E. GLENGARRY CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD HILLS MI			5.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUEHN, GEORGE E.			6.2 NAME			
STREET ADDRESS	2827 ENGLAVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	ANN ARBOR MI			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: **X J.L. Currie**

4/22/97

313-446-2120

CR2E034 (9/96)