

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
TAX DEPARTMENT
DETROIT MI 48207-291
US**

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1980

4. FEI Number

38-1078840

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **STROH, PETER W.**
STREET ADDRESS **26 WAVERLY LANE**
CITY-ST-ZIP **GROSS POINTE FARMS MI**

TITLE **T** ☐ DELETE

NAME **ABATEMARCO, VINCENT M**
STREET ADDRESS **3627 MAXWELL CT**
CITY-ST-ZIP **BLOOMFIELD MI**

TITLE **V** ☐ DELETE

NAME **CURRIE, JOHN L**
STREET ADDRESS **12391 WHITE TAIL COURT**
CITY-ST-ZIP **PLYMOUTH MI**

TITLE **PD** ☐ DELETE

NAME **HENRY, WILLIAM L.**
STREET ADDRESS **710 WATERSHED RD.**
CITY-ST-ZIP **ANN ARBOR MI**

TITLE **V** ☐ DELETE

NAME **SORTWELL, CHRISTOPHER T.**
STREET ADDRESS **950 E. GLENGARRY CIRCLE**
CITY-ST-ZIP **BLOOMFIELD HILLS MI**

TITLE **VS** ☐ DELETE

NAME **KUEHN, GEORGE E.**
STREET ADDRESS **2627 ENGLAVE**
CITY-ST-ZIP **ANN ARBOR MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **V/T** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **P/CEO/D** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **V/CFO** ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: **X** *[Signature]* **JOHN L. CURRIE**

7/14/98 313-446-2120

CR2E034 (5/98)

FILED
Jul 23 1998 8:00am
Secretary of State

