

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

FILED
Mar 04 1997 8:00 am
Secretary of State

DOCUMENT # 851503 (3)

1. Corporation Name
AMURCON CORPORATION

Principal Place of Business

26555 EVERGREEN
SUITE 1300
SOUTHFIELD MI 48076

Mailing Address

26555 EVERGREEN
SUITE 1300
SOUTHFIELD MI 48076-4256



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1981

3a. Date of Last Report

10/02/1996

4. FEI Number

38-1947258

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

MARTIN, WILLIE M
4854 FISHERMAN'S DRIVE
COCONUT CREEK FL 33063

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

Willie M. Martin
Signature, typed or printed name of registered agent, and title if applicable

WILLIE M. MARTIN VICE PRESIDENT

1-21-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME MORRIS, KATHRYN J.

STREET ADDRESS 41570 CORNELL
CITY-ST-ZIP NOVI MI 48377

TITLE D ☐ DELETE

NAME ERB, FRED A.

STREET ADDRESS 649 EDGEMERE CT.
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

TITLE VT ☐ DELETE

NAME MARTIN, WILLIE M.

STREET ADDRESS 28559 MEADOWLANE
CITY-ST-ZIP SOUTHFIELD MI 48076

TITLE P ☐ DELETE

NAME MANKO, GERALD

STREET ADDRESS 820 JONATHAN LANE
CITY-ST-ZIP BLOOMFIELD HILLS MI 48302

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 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:

Willie M. Martin
Signature and typed or printed name of signing officer or director

WILLIE M. MARTIN

1-24-97

810-352-0202

Date

Daytime Phone #

CR2E034 (9/96)