


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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90049 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 855247					
1. Corporation Name JOHN CARLO, INC.					
Principal Place of Business 21570 HALL RD., P.O. BOX 8 MT. CLEMENS MI 48044-5704			Mailing Address 21570 HALL RD., P.O. BOX 8 MT. CLEMENS MI 48044-5704		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/14/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		38-1650909	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
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 607.05(2) 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 <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CATENACCI, CARLO J.			1.2 NAME		
STREET ADDRESS 21570 HALL RD.			1.3 STREET ADDRESS		
CITY-ST-ZIP MT.CLEMENS MI			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CATENACCI, JOSEPH E.			2.2 NAME		
STREET ADDRESS 21570 HALL RD.			2.3 STREET ADDRESS		
CITY-ST-ZIP MT.CLEMENS MI			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MCELROY, MICHAEL D.			3.2 NAME		
STREET ADDRESS 21570 HALL RD.			3.3 STREET ADDRESS		
CITY-ST-ZIP MT.CLEMENS MI			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ROBSON, JOHN T.			4.2 NAME		
STREET ADDRESS 21570 HALL RD.			4.3 STREET ADDRESS		
CITY-ST-ZIP MT.CLEMENS MI			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DONOHUE, MICHAEL			5.2 NAME		
STREET ADDRESS 21570 HALL RD.			5.3 STREET ADDRESS		
CITY-ST-ZIP MT.CLEMENS MI			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DURSTON, MORLEY			6.2 NAME		
STREET ADDRESS 21570 HALL RD.			6.3 STREET ADDRESS		
CITY-ST-ZIP MT.CLEMENS MI			6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONTROLLER

4/16/99

Date

810-468-5655

Daytime Phone #

CR2E034 (1/98)