

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

FILED

97 APR 14 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A18720
AMURCON DEVELOPMENT GROUP, LTD. <i>an-AR CM</i>	



Mailing Address 26555 EVERGREEN ROAD SUITE 1300 SOUTHFIELD MI 48076	Principal Office Address 26555 EVERGREEN ROAD SUITE 1300 SOUTHFIELD MI 48076	3. Date Formed or Registered 02/06/1985	5a. Capital Contributions as Shown on record. \$150.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/27/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 38-2582426	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
MARTIN, WILLIE M. 4854 FISHERMAN'S DRIVE COCONUT CREEK FL 33063	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
AMURCON CORPORATION	26555 EVERGREEN RD. #1 Suite 1300	SOUTHFIELD MI	851503

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Willie M. Martin* Vice President DATE 2/5/97
 Typed or Printed Name of General Partner Signing Form Amurcon Corporation Daytime Telephone Number (810) 352-0202

CR2E003 (1/96)