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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F39398

(5)

1. Corporation Name

ARGUS SERVICES, INC.

Principal Place of Business

3910 EAST AVON ROAD  
PANAMA CITY FL 32404

Mailing Address

3400 EAST LAFAYETTE  
DETROIT MI 48207-4962  
US

3. Date Incorporated or Qualified

06/04/1981

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2100622

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
% C T CORPORATION SYSTEM  
1200 SOUTH 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 607.0502 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	PD	<input type="checkbox"/> DELETE
NAME	LEVIN, YALE	
STREET ADDRESS	3400 E LAFAYETTE	
CITY- ST- ZIP	DETROIT MI	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	SAPUTO, PETER C	
STREET ADDRESS	3400 E LAFAYETTE	
CITY- ST- ZIP	DETROIT MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ASCIUTTO, GEORGE D.	
STREET ADDRESS	3400 E LAFAYETTE	
CITY- ST- ZIP	DETROIT MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCANN, KATHLEEN B.	
STREET ADDRESS	3400 E LAFAYETTE	
CITY- ST- ZIP	DETROIT MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PIESKO, MICHAEL L.	
STREET ADDRESS	3400 E LAFAYETTE	
CITY- ST- ZIP	DETROIT MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANCZAK, RICHARD P.	
STREET ADDRESS	3400 E LAFAYETTE	
CITY- ST- ZIP	DETROIT MI	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP/T
5.3 STREET ADDRESS	Piesko, Michael L.
5.4 CITY- ST- ZIP	3400 East Lafayette
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Richard P. Manczak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Manczak

4/22/97

313/567-4700

Daytime Phone #

0480219

CR2E034 (9/96)