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DIVISION OF CORPORATIONS
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CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # F93000001151 (0)

1. Corporation Name
HARTMAN AND TYNER, INC.

Principal Place of Business Mailing Address
24700 WEST 12 MILE ROAD **24700 WEST 12 MILE ROAD**
SOUTHFIELD MI 48034 **SOUTHFIELD MI 48034**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/02/1993	02/23/1994
22		27		4. FEI Number	Applied For
City & State		City & State		38-1435702	Not Applicable
23		28		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADKINS, DANIEL K 831 N. FEDERAL HWY. HALLEDALE FL 33009				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 _____ DATE _____
Signature, typed or printed name of registered agent and the 1 applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, HERBERT	1.2 NAME	TYNER, HERBERT
STREET ADDRESS	997 SOUTH OCEAN BLVD.	1.3 STREET ADDRESS	997 South Ocean Blvd.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Delray Beach, Fla. 33483
TITLE	DVCS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, BERNARD L	2.2 NAME	
STREET ADDRESS	1251 SE 7TH AVE., #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, WALTER	3.2 NAME	
STREET ADDRESS	761 SOUTHFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI 48009	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, JOSEPH	4.2 NAME	
STREET ADDRESS	6458 WOOD POND RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST BLOOMFIELD MI 48323	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  March 25, 1995 305 454-9400
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Telephone Number)
HERBERT TYNER