FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001784 (8)**

1. Corporation Name

EISENMANN PROPERTIES, INC.

Principal Place of Business	Mailing Address
300 EAST LONG LAKE ROAD. [illegible] SUITE 365 BLOOMFIELD HILLS MI 48304 US	300 EAST LONG LAKE ROAD. [illegible] SUITE 365 BLOOMFIELD HILLS MI 48304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1993	3a. Date of Last Report: 01/27/1994
4. FEI Number: 38-2400501	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR.
400 CLEVELAND STREET
CLEARWATER FL 34615

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTC	11 TITLE	☐ Change ☐ Addition
NAME	EISENMANN, PETER	12 NAME	
STREET ADDRESS	TUEBINGER STRASSE 81	13 STREET ADDRESS	
CITY ST ZIP	BOEBLINGEN GE	14 CITY ST ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	SCHWARZ, ALOYS K	22 NAME	
STREET ADDRESS	300 E LONG LAKE RD., STE. 365	23 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS MI	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCHUBERT, ANGELA	32 NAME	
STREET ADDRESS	TUBEINGER STRASSE 81	33 STREET ADDRESS	
CITY ST ZIP	BOEBLINGEN GE	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MITTENZWEI, EVA	42 NAME	
STREET ADDRESS	TUEBINGER STRASSE 81	43 STREET ADDRESS	
CITY ST ZIP	BOEBLINGEN GE	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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: By: Aloys K. Schwarz 4-11-95 (810)645-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aloys K. Schwarz, Vice President

0447088 FP