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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9300004700 (1)

NOTARY SERVICE AND BONDING AGENCY, INC.

FILED Apr 18 1996 8:00 am Secretary of State



Principa! Place							! (BT 88141 9814 1881
	of Business	Mailing Ad	dress					****		111 9 1317 1 9 1	*** ***** **** ****
	ARD LAKE ROAD	2655 Of	RCHARD LAKE RO	DAD		ļ					
SUITE 107		SUITE 1	-								
SYLVAN LAN	KE MI 48320	SYLVAN	LAKE MI 48320			3.	Date Incorporated or Qual	lified	3a. Date	of Last F	Report
							10/13/1993		04	1/12/19	995
	ace of Business	2a. Mailing	Address			4.	FEI Number				Applied For
21		26		·			38-3136518				Not Applicable
Suite, Apt. i	#, etc.		Apt. #, etc.			5.	Certificate of Status Desire	ed f			5 Additional
22		27		·						Fee	Required
City & State	•	City & S	State			•	Election Campaign Financi			\$5.0	O May Be
23		28					Trust Fund Contribution				ed to Fees
Zip 24	Country	Zıp	į.	Country	<i>f</i>		This corporation has liabilit			under s	199.032,
24	9. Name and Address of Cui	rent Booletored A		30				Yes [
	s. Name and Address of Cul	Iront negistered A	gent	81	Name	10.	Name and Address of N	iew Heg	istereo A	gent	
0.7.00				"	Name						
	RPORATION SYSTEM			82	Street A	Address (P.C	D. Box Number is Not Acc	eptable)			
	OUTH PINE ISLAND ROAD										
PLANTA	ATION FL 33324			83							
				84	City	·		· · · · · · · · · · · · · · · · · · ·		85 Z	ip Code
		· · · · · · · · · · · · · · · · · · ·							FL		
11. Pursuant te	o the provisions of Sections 607.0 ed agent, or both, in the State of F	1502 and 607.1508, Florida, Such chance	Florida Statutes,	the above-	named cor	rporation su	ibmits this statement for the	ne purpo	se of char	ng ng its	registered office
familiar wit	th, and accept the obligations of, S	Section 607.0505, Fi	orida Statutes.	by the corp	ioration's t	DOGICI OF CIT	octors. Thereby accept the	appoin	unent as r	ochsiere:	а адепі, галі
SIGNATURE											
	Signature, typed or printed name of registered a		(NOTE: I		nt signature red	iquired when rein	nslating		DATE		
12.	OFFICERS	AND DIDECTABLE									
				13.			ADDITIONS/CHANGES TO	OFFICE			DRS IN 12
TITLE	CP] DELETE	13.			ADDITIONS/CHANGES TO	OFFICE		DIRECTO Change	DRS IN 12
•	CP GALLAGHER, PATRICK J] DELETE				ADDITIONS/CHANGES TO	OFFICE			
TITLE	CP GALLAGHER, PATRICK J 6015 GLEN EAGLES DR.] DELETE	1 1 TITLE 12 NAME	T ADDRESS		ADDITIONS/CHANGES TO	OFFICE			
TITLE NAME	CP Gallagher, Patrick J 6015 Glen Eagles Dr. West Bloomfield MI 4	B323		1 1 TITLE 12 NAME		/	ADDITIONS/CHANGES TO	OFFICE			
TITLE NAME STHEET ADDRESS	CP GALLAGHER, PATRICK J 6015 GLEN EAGLES DR.	B323] DELETE	1 1 TITLE 1 2 NAME 1 3 STREET		,	ADDITIONS/CHANGES TO	OFFICE			
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4. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SHORTING OFFICER OR DIRECTOR

4-15-96 Date Caytin e Phone #