

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004727 (4)**

1. Corporation Name

**INVESTAID CORPORATION**



Principal Place of Business

Mailing Address

30150 TELEGRAPH RD.  
SUITE 371  
BIRMINGHAM MI 48025

30150 TELEGRAPH RD.  
SUITE 371  
BIRMINGHAM MI 48025

3. Date Incorporated or Qualified  
**10/20/1993**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 **30300 TELEGRAPH ROAD**

26 **30300 TELEGRAPH ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 117**

27 **SUITE 117**

City & State

City & State

23 **BIRMINGHAM, MI**

28 **BIRMINGHAM, MI**

Zip

Country

25 **U.S.A.**

Zip

Country

29 **48025**

30 **U.S.A.**

4. FEI Number

**38-2380539**

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

**CT CORPORATION  
1200 SOUTH PINE ISLAND RD.  
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	<b>VEVO</b>	<input type="checkbox"/> DELETE
NAME	<b>TOWNE, KENNETH G</b>	
STREET ADDRESS	<b>15055 TOWERING OAKS</b>	
CITY-ST-ZIP	<b>SHELBY TOWNSHIP MI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, ROBERT S.</b>	
STREET ADDRESS	<b>7027 MANDARIN</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RUBIN, ROBERT M</b>	
STREET ADDRESS	<b>8151 LINCOLN</b>	
CITY-ST-ZIP	<b>HUNTINGTON WOODS MI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and certifies 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/96**

**(810) 642-1180**

Date Daytime Phone #

CR2E034 (12/95)