

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #** F93000004727  
 1. Corporation Name  
**INVESTAID CORPORATION**

Principal Place of Business: **30300 TELEGRAPH ROAD SUITE 117 BIRMINGHAM, MI 48025**  
 Mailing Address: **30300 TELEGRAPH ROAD SUITE 117 BIRMINGHAM, MI 48025**

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: **10/20/93**  
 3a. Date of Last Report: **3/26/96**  
 4. FEI Number: **38-2380539**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No **INACTIVE IN 1996**

9. Name and Address of Current Registered Agent  
**CT CORPORATION**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P/T/D	<input type="checkbox"/> DELETE
NAME	RUBIN, ROBERT M.	
STREET ADDRESS	8151 LINCOLN	
CITY-ST-ZIP	HUNTINGTON WOODS, MI 48070	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT S.	
STREET ADDRESS	7027 MANDARIN	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EXECUTIVE VP OF OPERATIONS	
STREET ADDRESS	TOWNE, KENNETH G.	
CITY-ST-ZIP	15055 TOWERING OAKS SHELBY TOWNSHIP, MI 48315	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCOTT, SANDRA J.	
1.3 STREET ADDRESS	2474 SOMERSET BLVD, #104	
1.4 CITY-ST-ZIP	TROY, MI 48084	
2.1 TITLE	ASST. V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETERSON, MARK E.	
2.3 STREET ADDRESS	1357 N. BYWOOD	
2.4 CITY-ST-ZIP	CLAWSON, MI 48017	
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		

**900002165639**  
**-05/05/97--01039--035**  
**\*\*\*165.00**

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: \_\_\_\_\_ DATE: **4/29/97** (810) 642-1180

CR2E034 (9/96)