

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004727 (4)
 1. Corporation Name
INVESTAID CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 30300 TELEGRAPH ROAD SUITE 117 BIRMINGHAM MI 48025 US	Mailing Address 30300 TELEGRAPH ROAD SUITE 117 BIRMINGHAM MI 48025 US
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3. Date Incorporated or Qualified 10/20/1993	4. FEI Number 38-2380539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**CT CORPORATION
 1200 SOUTH PINE ISLAND RD.
 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
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVPO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNE, KENNETH G	1.2 NAME	
STREET ADDRESS	15055 TOWERING OAKS	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHELBY TOWNSHIP MI 48315	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT S.	2.2 NAME	
STREET ADDRESS	7027 MANDARIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	PTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ROBERT M	3.2 NAME	
STREET ADDRESS	8151 LINCOLN	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON WOODS MI	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SANDRA	4.2 NAME	
STREET ADDRESS	2474 SOMERSET BLVD, #104	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48084	4.4 CITY-ST-ZIP	
TITLE	AV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MARK E	5.2 NAME	
STREET ADDRESS	1357 N. BYWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLAWSON MI 48017	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	

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14. I 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: _____ **3/25/98 (248)642-1180**

CR2E034 (10/97)