

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90016 002 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 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 US	Mailing Address 30300 TELEGRAPH ROAD SUITE 117 BIRMINGHAM MI 48025 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/20/1993	4. FEI Number 38-2380539	Applied For 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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	EVPO	<input checked="" type="checkbox"/> DELETE
NAME	TOWNE, KENNETH G	
STREET ADDRESS	15055 TOWERING OAKS	
CITY-ST-ZIP	SHELBY TOWNSHIP MI 48315	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT S.	
STREET ADDRESS	7027 MANDARIN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RUBIN, ROBERT M	
STREET ADDRESS	8151 LINCOLN	
CITY-ST-ZIP	HUNTINGTON WOODS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCOTT, SANDRA	
STREET ADDRESS	2474 SOMERSET BLVD, #104	
CITY-ST-ZIP	TROY MI 48084	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	PETERSON, MARK E	
STREET ADDRESS	1357 N. BYWOOD	
CITY-ST-ZIP	CLAWSON MI 48017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ADDRESS
4.3 STREET ADDRESS	470 MEAD ROAD
4.4 CITY-ST-ZIP	ROCHESTER HILLS, MI 48306
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/27/99 (248) 642-1180  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT M. RUBIN  
 DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

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