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Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004828 (0)

RUTTMAN COMPANY

Principal Place of Business

365 E. SHORE DR. P. O. BOX 210 WHITMORE LAKE MI 48189 US			923 N DORAL LANE VENICE FL 34293-3807									
								3. Date Incorporated or Qualified Sa. Date of Last Report 07/30/1996				
2. Principal Pi	lace of Business		2a. Mailing Address					4. FEI Number				Applied For
21			26					38-190307	78			lot Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc.					5. Certificate of 8	Status Desired			Additional
22			27									Required
City & State			City & State					 Election Camp Trust Fund Co 				D May Be ito Fees
23] Z _i p	Coun	Inv	28 Zip		ountry							
24	25	пу	29	30	Out itt y			Florida Statute	on has liability for i	ntangible Yes '‡		\$. 199.032,
24	9. Name and Add	ress of Current F		[30]				10. Name and Ad				
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RUTTMAN, JIMMIE R 923 N. DORAL LANE					-			/D O D				
	CE FL 34293			82 Street Addr			et Addres	ss (P.O. Box Numb	er is Not Acceptat	ne)		
ACIAI	OE I'L 34263				83							
					84	City	•			FL	85 Zip	Code
office or ri agent. I al SIGNATURE	egistered agent, or bo m familiar with, and ac	ith, in the State of ecept the obligation	ind 607.1508, Florida Sta Florida. Such change wa ons of, Section 607.0505,	is authori Florida S	zed by tatute:	y the c s.	orporatio	n's board of directo	statement for the pors. I hereby accep	ot the app	changing ointment a	its registered is registered
	Signature, typico or printed ha	····		KOTE: Regist		ent signa	ure required	when reinstating)	ANGES TO OFFIC	DATE FDC AND	DIRECTO	ARC IN 12
12.								ADDITIONS/CIT	ANGES TO OFFIC	LING AND	Change	
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NAME	RUTTMAN, JIMMII			- 6		ADDOC	,					
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0(1Y-S1-ZIP 14. 1 do here!	L. by certify that the info	mation supplied v	vith this filing does not qu	alify for t	he ex	emptio	n stated	in Section 119.07/3)(i), Florida Statute	s, i furthe	or certify the	at the
informatio	on indicated on this ar officer or director of the	inual report or sup o corporation or th	oplemental annual report le receiver or trustee emp ri an attachment with an a	is true ar cowered (id acc to exe	urate a cute th	and that r	my signature shall h as required by Cha	lave the same lega	al effect a	s if made u	under oath; that
SIGNAT	URE:					DP.	RE3		1/17/97			