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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005406 (4)

SUN ORS, INC.

r.

Principal Place of Business Mailing Address 81700 MIDDLEBELT ROAD. SUITE 145 FARMINGTON HILLS MI 48334 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334-2300

FILED Apr 21 1997 8:00am Secretary of State



							3. Date Incorporated or Qual	ì	a. Date of Last		
2. Principal Place of Business 2a. Mailing Address							11/29/1993		04/29/1996		
	lace of Business	ê ~	2a. Mailing Address				4. FEI Number			Applied For	
21	# aba	Suite, Apt. #, etc.					38-3143983 Not Applicable \$8.75 Additional				
Sulte, Apt. 22	#, U C.	Stitle, Apt. #, etc.				1	Certificate of Status Desire	ed 🗀		Additional Required	
City & State					E Floation Compaign Finance	in a		<u></u>			
23	S	City & State	• ••••				Election Campaign Finance Trust Fund Contribution	_	\$5.00 May Be		
Zip	Country	7 _{(p}	Co	untry		8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30	,		Florida Statutes					
	9, Name and Address of Curren			T		1	0. Name and Address of No				
C T CORPORATION SYSTEM					81 Name						
1200 SOUTH PINE ISLAND ROAD					OD Charl Address (D.O. Charl Marshev in Nat Association)						
PLANTATION FL 33324					82 Street Address (P.O. Box Number is Not Acceptable)						
1 DATIATION 1 E 000E4					83						
				84	City				FI 85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florid	da Statutes, the a	above	e-named	corporat	ion submits this statement for	the purpo	ose 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.											
Į į	in terminal with, and accopt the obliga	ations of, occion doz.	.0000, Florida Ste	1000	٠,						
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable	(NOTE Register	ес Ара	int signature	e required wh	nen reinstating)	D	All		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	ORS IN 12	
TITLE	D	☐ DE	LETE 1.1	HILE		Ţ			Chang	e 🔲 Addition	
NAME	AME SHIFFMAN, MILTON M										
STREET ADDRESS 31700 MIDDLEBELT ROAD, SUITE 145				STREET	ADDRESS						
CITY-ST-ZIP	FARMINGTON HILLS MI 48334		1.43	CITY-S	T-71P					Ì	
TITLE	PD	☐ DE	ELETE 2.1	TITLE					☐ Chang	e Addition	
NAME .	SHIFFMAN, GARY A		2.21	NAME]				i	
STREET ADDRESS	31700 MIDDLEBELT ROAD, SU	ITE 145	233	STREET	ADDRESS	i					
CITY-SY-ZIP	FARMINGTON HILLS MI 48334		2 4	CITY-S	37 - ZIP	l					
TITLE	ST	☐ DE	LETE : 31	HTLE		CFO	ST		Changi	e 🔲 Addition	
NAME	JORISSEN, JEFFREY P		3.21	NAME							
STREET ADDRESS	31700 MIDDLEBELT ROAD, SU	ITE 145	3.3 3	STREET	ADDRESS	Ì				Ĭ	
-City-St-ZiP	FARMINGTON HILLS MI		3.4.	CITY - S	ST-ZIP						
TITLE		□ Di	LETE 4.1	TILE	•• • • • • • • • • • • • • • • • • • • •	1			☐ Chang	a 🔲 Addition	
NAME			4. 2	NAME							
STREET ADDRESS			4.3 5	STREET	ADDRESS						
CITY-ST-ZIP			4.4 (CITY-S	1 · 71P	1				ł	
TITLE		☐ DE	LETE 5.1	IIILE					Change	e 🔲 Addition	
NAME			5.21	NAME							
STREET ADDRESS			533	STREET	ADDRESS						
CITY-ST-ZIP			5.41	DITY-S	T - 7 (P	1					
TITLE		DE	LETE 6.1	IIILE		1			Chang	e 🔲 Addition	
NAME			6.21	NAME:							
STREET ADDRESS			6.33	STREET	ADDRESS						
CITY-ST-ZIP			6.4	CITY-S	T- <i>7</i> (P					Ì	
	ou certify that the information supplied	with this filing does				ai halet	Section 110 07/3\/i) Florida S	tatulos I f	urthor cortify th	of the	

roo nereby 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 receipts 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, of on an adaptification with an address.

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