

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

FILED

**Feb 03 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 # F93000005763 (8)

1. Corporation Name
GP JAMAICA PLAZA, INC.



Principal Place of Business: **SUITE 300 280 DAINES STREET BIRMINGHAM MI 48009**
Mailing Address: **SUITE 300 280 DAINES STREET BIRMINGHAM MI 48009-6246**

3. Date Incorporated or Qualified: **12/20/1993**
3a. Date of Last Report: **02/14/1996**

2. Principal Place of Business: 21, 22, 23, 24
2b. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **38-3147786**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RINES, MILTON
15235 S TAMiami TRAIL
FT MYERS FL 33908**

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

Signature typed in printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZLOTOFF, PAUL M	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERMELIN, DAVID B	
STREET ADDRESS	20500 CMC CENTER DR., SUITE 3000	
CITY-ST-ZIP	SOUTHFIELD MI 48037-0188	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KOSTER, GLORIA A	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	Birmingham, MI 48009
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	Birmingham, MI 48009
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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:

- Gloria A. Koster

1/9/97

810-645-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)