

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

FILED
Feb 19 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 # F93000005764 (6)

1. Corporation Name
GP BAYHEAD CORP.



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
4. FEI Number 38-3152186	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	

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

9. Name and Address of Current Registered Agent
**RINES, MILTON
15235 S TAMiami TRAIL
FT MYERS FL 33908**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
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 _____ DATE _____
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.5 CITY-ST-ZIP	1.6 CITY-ST-ZIP	2.1 TITLE	2.2 NAME
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
2.5 CITY-ST-ZIP	2.6 CITY-ST-ZIP	3.1 TITLE	3.2 NAME
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
3.5 CITY-ST-ZIP	3.6 CITY-ST-ZIP	4.1 TITLE	4.2 NAME
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
4.5 CITY-ST-ZIP	4.6 CITY-ST-ZIP	5.1 TITLE	5.2 NAME
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
5.5 CITY-ST-ZIP	5.6 CITY-ST-ZIP	6.1 TITLE	6.2 NAME
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
6.5 CITY-ST-ZIP	6.6 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 contained 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 change of or an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Steven P. Adler

1/9/97

810-645-9220

CR2E034 (9/96)