

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000502 (4)**

1. Corporation Name

FOX PROPERTIES, INC.



Principal Place of Business

Mailing Address

575 ROBBINS DRIVE
TROY MI 48063-4554

575 ROBBINS DRIVE
TROY MI 48063-4554

2. Principal Place of Business

2a. Mailing Address

21 33424 DEQUINDRE

26 33424 DEQUINDRE

22 Suite, Apt. #, etc. Suite C

27 Suite, Apt. #, etc. Suite C

23 City & State Sterling Heights, MI

28 City & State Sterling Heights, MI

24 Zip 48310

25 Country MACOMB

29 Zip 48310

30 Country MACOMB

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 02/02/1994

3a. Date of Last Report 08/01/1995

4. FEI Number 38-3090060

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 or printed name of registered agent of the corporation

Name, typed or printed name of registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTC	1. TITLE	EXEC. VICE PRESIDENT
NAME	FOX, WILLIAM R	12. NAME	TRISHA UPTON-BOSSIO
STREET ADDRESS	96 LOTHROP	13. STREET ADDRESS	10428 BERTRAM
CITY - ST - ZIP	GROSSE POINTE FARMS MI	14. CITY - ST - ZIP	DEARBORN, MI 48126
TITLE		2. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William R. Fox, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 810 978-3006
DATE DATE PHONE #

CR2E034 (12/95)