

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:43

DOCUMENT # F94000001953 (8)
1. Corporation Name
AGREE REALTY CORPORATION

Principal Place of Business Mailing Address
31850 NORTHWESTERN HIGHWAY **31850 NORTHWESTERN HIGHWAY**
FARMINGTON HILLS MI 48334 **FARMINGTON HILLS MI 48334**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/15/1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		38-3148187		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AGREE, RICHARD	1.2 NAME			
STREET ADDRESS	31850 NORTHWESTERN HWY.	1.3 STREET ADDRESS			
CITY - ST - ZIP	FARMINGTON HILLS MI 48344	1.4 CITY - ST - ZIP			
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSENBERG, EDWARD	2.2 NAME			
STREET ADDRESS	31850 NORTHWESTERN HWY.	2.3 STREET ADDRESS			
CITY - ST - ZIP	FARMINGTON HILLS MI 48344	2.4 CITY - ST - ZIP			
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWE, KENNETH	3.2 NAME	V & S		
STREET ADDRESS	31850 NORTHWESTERN HWY.	3.3 STREET ADDRESS			
CITY - ST - ZIP	FARMINGTON HILLS MI 48344	3.4 CITY - ST - ZIP			
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KALL, EARRIS G	4.2 NAME	KALL, EARRIS G.		
STREET ADDRESS	31850 NORTHWESTERN HWY.	4.3 STREET ADDRESS			
CITY - ST - ZIP	FARMINGTON HILLS MI 48344	4.4 CITY - ST - ZIP			
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROTCHFORD, MICHAEL	5.2 NAME			
STREET ADDRESS	31850 NORTHWESTERN HWY.	5.3 STREET ADDRESS			
CITY - ST - ZIP	FARMINGTON HILLS MI 48344	5.4 CITY - ST - ZIP			
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WACHS, ELLIS G	6.2 NAME			
STREET ADDRESS	31850 NORTHWESTERN HWY.	6.3 STREET ADDRESS			
CITY - ST - ZIP	FARMINGTON HILLS MI 48344	6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Kenneth R. Howe 3/22/95 810-737-4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

KENNETH R. HOWE VP FINANCE & SECRETARY