

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # F94000001953 (8)**

1. Corporation Name  
**AGREE REALTY CORPORATION**



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

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/15/1994**      **04/06/1995**  
4. FEI Number      Applied For  
**38-3148187**      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**

**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**      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 and the filer (if applicable)

(NOTE: Registered Agent Signature Required when not applicable)

Date

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	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, KENNETH	3.2 NAME	
STREET ADDRESS	31850 NORTHWESTERN HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIL FARRIS G	4.2 NAME	
STREET ADDRESS	31850 NORTHWESTERN HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Kenneth Howe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96      810-737-4190  
Date      Telephone #

CR2E034 (12/95)