

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

**FILED**

**Apr 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001953 (8)**

1. Corporation Name  
**AGREE REALTY CORPORATION**



Principal Place of Business <b>31850 NORTHWESTERN HIGHWAY FARMINGTON HILLS MI 48334</b>	Mailing Address <b>31850 NORTHWESTERN HIGHWAY FARMINGTON HILLS MI 48334-1628</b>
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3. Date Incorporated or Qualified <b>04/15/1994</b>	3a. Date of Last Report <b>03/25/1996</b>
4. FEI Number <b>38-3148187</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 (Type or print the 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 <b>PD</b>	NAME <b>AGREE, RICHARD</b>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>31850 NORTHWESTERN HWY. FARMINGTON HILLS MI 48344</b>	CITY- ST- ZIP	1.2 NAME	
TITLE <b>VD</b>	NAME <b>ROSENBERG, EDWARD</b>	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>31850 NORTHWESTERN HWY. FARMINGTON HILLS MI 48344</b>	CITY- ST- ZIP	1.4 CITY- ST- ZIP	
TITLE <b>VS</b>	NAME <b>HOWE, KENNETH</b>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>31850 NORTHWESTERN HWY. FARMINGTON HILLS MI</b>	CITY- ST- ZIP	2.2 NAME	
TITLE <b>D</b>	NAME <b>KALIL FARRIS G</b>	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>31850 NORTHWESTERN HWY. FARMINGTON HILLS MI</b>	CITY- ST- ZIP	2.4 CITY- ST- ZIP	
TITLE <b>D</b>	NAME <b>ROTCHFORD, MICHAEL</b>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>31850 NORTHWESTERN HWY. FARMINGTON HILLS MI 48344</b>	CITY- ST- ZIP	3.2 NAME	
TITLE <b>D</b>	NAME <b>WACHS, ELLIS G</b>	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>31850 NORTHWESTERN HWY. FARMINGTON HILLS MI 48344</b>	CITY- ST- ZIP	3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	6.4 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: *Kenneth R. Aduse* UP FINANCE 3/29/97 810-737-4190  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #

CR2E034 (9/96)