

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

FILED

**Jan 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002264 (9)
1. Corporation Name
TELECORP PRODUCTS, INC.



Principal Place of Business 2000 EAST OAKLEY PARK ROAD STE 101 WALLED LAKE MI 48390	Mailing Address 2000 EAST OAKLEY PARK ROAD STE 101 WALLED LAKE MI 48390-1501
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3. Date Incorporated or Qualified 05/03/1994	3a. Date of Last Report 08/23/1996
4. FEI Number 38-2554392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 48390-1501	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 48390-1501	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 FL
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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 _____ DATE _____
Signature typed or printed name of registered agent is required if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME VANDER-SCHRIER, JACK	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2000 EAST OAKLEY PARK ROAD	CITY-ST-ZIP WALLED LAKE MI 48390	1.2 NAME M. Scott MacCannell	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE		1.3 STREET ADDRESS 5 Hastings Drive	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS	NAME GOODELL, KIRK	1.4 CITY-ST-ZIP Unionville, Ontario L3R 4Y5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2000 EAST OAKLEY PARK ROAD	CITY-ST-ZIP WALLED LAKE MI 48390	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **01/21/97** (810) 960-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)