

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000002955 (2)**

1. Corporation Name

GRAND HAVEN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**24100 SOUTHFIELD RD.
SUITE 310
SOUTH FIELD MI 48075**

**24100 SOUTHFIELD RD.
SUITE 310
SOUTH FIELD MI 48075**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip Country
25

28 Zip Country
29 30

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
09/21/1995

4. FEI Number

APPLIED FOR 38-3283723

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAGNER, CONRAD
21 SALISBURY COURT
PALM COAST FL 32137**

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 of officer or director of the corporation (if applicable)

(If Applicable, Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD WAGNER, CONRAD**
STREET ADDRESS **5245 COLLINS RD.**
CITY-ST-ZIP **ROCHESTER HILLS MI 48306**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD ABEL, GERALD S**
STREET ADDRESS **26850 HALSTEAD RD.**
CITY-ST-ZIP **FARMINGTON HILLS MI 48331**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD EVO, WILLIAM B**
STREET ADDRESS **370 E. MAPLE RD.**
CITY-ST-ZIP **BIRMINGHAM MI 48009-8300**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD FOSTER, DWIGHT**
STREET ADDRESS **24100 SOUTHFIELD RD.**
CITY-ST-ZIP **SOUTHFIELD MI 48075**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE:

Dwight Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96

810-443-0137

Date

Daytime Phone #

CR2E034 (3/96)