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

PROFIT CORPORATION ANNUAL REPORT

SAGINAW MI 48601

City-51 ZiP

STREET ADDRESS.

THE

NAM



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	DIVISION O	F CORPORA	TIONS		
DOCUN 1. Corporation	MENT # F94	000004547 (5)			
DURO	HLAST, INC.				 	FRIAN ORBAN BORNI BORNI BURNI BORNI BURNI BORNI BURNI
Principal Place	of Business	Mailing Address				
525 MORLEY DRIVE Saginaw Mi 48601		4468 OAK BRIDGE DRIVE FLINT MI 48532 US				
		••			 Date Incorporated or Qualified 09/01/1994 	3a. Date of Last Report 03/28/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26			4- FEI Number 38-2362839	Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipi 24	Country 25	Ζφ 29	Goun	try	8. This corporation has liability for	
	9. Name and Address of Cu	irrent Registered Agent		-,	10. Name and Address of New	
			1	Name		
	PRPORATION SYSTEM		1	Street Add	ress (P.O. Box Number is Not Accepta	able)
	OUTH PINE ISLAND ROAD ATION FL 33324		-	33		
PLANIA	ATION PL 33324		[23		
			Ī	34 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.	0502 and 607.1508, Florida Statut	tes, the abov	e named coroo	eration submits this statement for the o	Urrose of changing its registered office
or registere familiar witi	ed agent, or both, in the State of h, and accept the obligations of,	Florida. Such change was authoriz Section 607.0505, Florida Statute:	zed by the co	rporation's boa	ard of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		٠.			
	Signal we ity and or printed name of registeres			gort signature require		DATE
_ 12. 	PD	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE NAME	Burt, John R	☐ DELETE	1. 1 TiTi			Change Addition
STREET ADDRESS	525 MORLEY DRIVE		1.2 NAA	1		
OH1 - \$1 - ZIP	SAGINAW MI 48601			ELI ADDRESS		
inti	VSTD	☐ DELETE	2 1 1/1	- SI - ZiP		Change Addition
NAME	SNY, SHARON L		2 2 NAN			
STREET ADDRESS	525 MORLEY DRIVE			EL ADDRESS		
CHY ST-ZIP	SAGINAW MI 48601		2 4 CITY - ST - ZIP			
111,5	VD	☐ DELETE	3 1 TITLE			Change Addition
NAME	allen, kathy l		3 2 NAME			-
STREET ASIDHESS	525 MORLEY DRIVE		3.3. STREET ADDRESS			
Cl*+\$1-70	SAGINAW MI 48601	·	3 4 CITY - ST - ZIP			
31°LF	VD	DELETE	4 1 THILE			☐ Change ☐ Addition
NAME	BURT, JOHN C		4.2 NAN	E		
STREET ADDRESS	525 MORLEY DRIVE		4 3 STRI	ET ADDRESS		
C 1Y-ST-7P	SAGINAW MI 48601	FT DELETE		- ST - 7IP		
THE	VD	DELETE	5. 1 TiTI			Change Addition
NAME CTHESE ANNOGOG	LAWLER, THOMAS J		5 2 NAV	t		

(city. st-zif)

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 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 certify that it 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.

5 4 CITY - ST- ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHOWN DIRECTOR

CR2F034 (12/95)

☐ Change ☐ Addition