

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005001 (2)**

1. Corporation Name
LORIN INDUSTRIES, INC.

Principal Place of Business Mailing Address
**1980 S. ROBERTS, P.O. BOX 766
MUSKEGON MI 49443** **1980 S. ROBERTS, P.O. BOX 766
MUSKEGON MI 49443**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1994	3a. Date of Last Report
4. FEI Number 38-1544003	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. The 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**DE JESUS, ORLANDO
5979 NORTHWEST 151ST STREET
SUITE 216
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.012(1), 607.013(1), and 607.1504, 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 Sections 607.012(1)(b), Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSMAN, ROEBRT L	12. NAME	
STREET ADDRESS	1980 S. ROBERTS, P.O. BOX 766	13. STREET ADDRESS	
CITY & STATE	MUSKEGON MI	14. CITY & STATE	
TITLE	S	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATZ, LOUISE	16. NAME	
STREET ADDRESS	1980 S. ROBERTS, P.O. BOX 766	17. STREET ADDRESS	
CITY & STATE	MUSKEGON MI	18. CITY & STATE	
TITLE	T	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, L P	20. NAME	
STREET ADDRESS	1980 S. ROBERTS, P.O. BOX 766	21. STREET ADDRESS	
CITY & STATE	MUSKEGON MI	22. CITY & STATE	
TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY & STATE		26. CITY & STATE	
TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY & STATE		30. CITY & STATE	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY & STATE		34. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(2)(g), Florida Statutes. I further certify that the information included 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 manager 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 of this report, or on an attachment with an address.

SIGNATURE: *Philip Kelly, Treasurer 4/25/95*