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**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F94000005996 (3)

1. Corporation Name
GUS MACKER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**820 MONROE AVE., N.W., #222
GRAND RAPIDS MI 49503**

**820 MONROE AVE., N.W., #222
GRAND RAPIDS MI 49503-1442**

3. Date incorporated or Qualified
11/21/1994

3a. Date of Last Report
06/26/1996

2. Principal Place of Business

2a. Mailing Address

21 **3055 Lake Eastbrook SE**
Suite, Apt. #, etc.

26 **3055 Lake Eastbrook SE**
Suite, Apt. #, etc.

4. FEI Number
38-2628204

Applied For
Not Applicable

22 City & State

27 City & State

23 **Kentwood, MI**

28 **Kentwood, MI**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

49512 USA

USA

49512 USA

USA

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 the person who is the 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 DELETE
NAME **PSD MCNEAL, MITCHELL**
STREET ADDRESS **425 WOODLAND**
CITY-ST-ZIP **BELDING MI 48809**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **9738 River Road**
1.4 CITY-ST-ZIP **Greenville, MI 48838**

TITLE DELETE
NAME **DC MCNEAL, SCOTT W**
STREET ADDRESS **1501 KENWOOD**
CITY-ST-ZIP **BELDING MI 48809**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **TCED KIMBALL, MARK A**
STREET ADDRESS **2590 SANTIAGO SE**
CITY-ST-ZIP **GRAND RAPIDS MI 49548**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Mitchell P. Mcneal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (616) 458-3030
Date Daytime Phone #

CR2E034 (9/96)