

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006461 (7)**

1. Corporation Name

OTTAWA PROPERTIES, INC.



Principal Place of Business

Mailing Address

800 YANKEE ROAD
OTTAWA LAKE MI 49267

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OTTAWA LAKE MI 49267

2. Principal Place of Business

2a. Mailing Address

21 8000 YANKEE Rd.

26 8000 YANKEE Rd

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

03/07/1995

4. FEE Number

38-3057047

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person submitting this report as required by law.

Signature of the person submitting this report as required by law.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHULTZ, EDWARD J	
STREET ADDRESS	4500 DORR ST	
CITY-STATE-ZIP	TOLEDO OH 43615	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GREENWALD, DENNIS	
STREET ADDRESS	4500 DORR ST	
CITY-STATE-ZIP	TOLEDO OH 43615	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOWRY, RAYMOND	
STREET ADDRESS	4500 DORR ST	
CITY-STATE-ZIP	TOLEDO OH 43615	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AXTELL, CALVIN A JR	
STREET ADDRESS	20515 STATE HWY 249, SUITE 270	
CITY-STATE-ZIP	HOUSTON TX 77070	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REICH, JAMES O	
STREET ADDRESS	20515 STATE HWY 249, SUITE 270	
CITY-STATE-ZIP	HOUSTON TX 77070	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZMUDA, PHILLIP R	
STREET ADDRESS	7520 E. INDEPENDENCE BLVD, SUITE 240	
CITY-STATE-ZIP	CHARLOTTE NC 28227	

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	S GARY GOLDEN
43 STREET ADDRESS	4500 DORR ST.
44 CITY-STATE-ZIP	Toledo, Oh.
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	T ALLAN TIMMERMAN
53 STREET ADDRESS	1801 Richards Rd.
54 CITY-STATE-ZIP	Toledo, Oh.
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	AT CHRISTOPHER CZARNA
63 STREET ADDRESS	4500 DORR ST.
64 CITY-STATE-ZIP	Toledo, Oh.

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment to this filing.

SIGNATURE: *Gary M. Golden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

(419) 535-4847

CR2E034 (12/95)