SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500000173 (3)
1. Corporation Name

STANDARD LIFE HOLDING COMPANY

Principal Place of Business 100 RENAISSANCE CENTER STE 1855 DETROIT MI 48243

2. Principal Place of Business

Suite, Apt. #, etc.

7125 ORCHARD

Mailing Address

2a. Mailing Address

100 RENAISSANCE CENTER STE 1855 DETROIT MI 48243

33 N.

Suite, Apt. #, etc.

US

FILED
Jul 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified

Applied For

\$8.75 Additional

Not Applicable

01/11/1995

38-2937482

5. Certificate of Status Desired

7/14/00

4. FEI Number

AVE

ر بهال 22	re_204	27 Syire 1200		5. Certificate of Status Desired L	Fee Required
City & State	θ	City & State	- 6.	6. Election Campaign Financing	\$5.00 May Be
23 WEST		28 CLEARWASE.		Trust Fund Contribution L	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	[
24 4832		29 33755 30	U.S.	Personal Property Tax due June 30	
D.4.L.	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Regis	lered Agent
	KS, ROBERT		81 Name		
	ORTH GARDEN AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)		
	E 1200				
CLEARWATER FL 34615			83		·
			84 City		85 Zip Code
	· · · · · · · · · · · · · · · · · · ·				<u> </u>
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, typed or printed name of registered agent a		Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	NOBLKE, RICHARD	L DELETE	1.1 TITLE		Change Addition
NAME	400 MONROE ST STE 510		1.2 NAME		
STREET ADDRESS	DETROIT MI		1.3 STREET ADDRESS		
CITY-ST-ZIP	STVD		1.4 CITY-ST-ZIP 2.1 TITLE		
TITLE	HUTTING, AUGUSTUS	(DELETE			Change Addition
NAME	400 MONROE ST STE 510		2.2 NAME		
STREET ADDRESS	DETROIT MI		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V V		2.4 CITY-ST-ZIP 3.1 TITLE		
NAME	VANDERGRIFT, TOM	C DEEC (C	3.2 NAME		Change Addition
	33 NORTHGARDEN ST., STE 120		1		\
STREET ADDRESS	CLEARWATER FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	···	3.4 CITY-ST-ZIP		1 00000
NAME	YEE; RONALD	Carry October	4.2 NAME		L_ Change L_ Addition
STREET ADDRESS	400 MONROE ST STE 510	ł	4.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI		4.4 CITY-ST-ZIP		
TITLE	F#117#11 4441	DELETE	5.1 TITLE		Change Addition
NAME		[] DECE 16	5.2 NAME		CT Change CT Variabili
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE .			6.1 TITLE		Change Addition
NAME	, 6	L'1 DECETE	6.2 NAME		CT Ollarido CT Vaquioli
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	š		6.4 City-ST-ZIP		
14. I hereby ce	rtify that the information supplied with th	nis filing does not qualify for the e	xemption stated in sect	ion 119.07(3)(i), Florida Statutes. I further o	ertify 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 eath; that I am an officer or director of the corporation or the receiver or trustee empewered 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 allachment with an address.					