

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 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 # F95000001188 (0)

1. Corporation Name

LESSOR CORPORATION



Principal Place of Business

PO BOX 07054  
DETROIT MI 48207

Mailing Address

PO BOX 07054  
DETROIT MI 48207-0001

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

03/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

75-2272336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

GILDAN, LAURIE L.  
C/O GREENBERG TRAURIG  
777 S FLAGLER, SUITE 310E  
W PALM BCH FL 33401

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 type of registered agent and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

NAME DAVISON, WILLIAM T  
STREET ADDRESS PO BOX 07054 N/A  
CITY - ST - ZIP DETROIT MI 48207

TITLE DST ☐ DELETE

NAME DAVISON, MARY ELLEN  
STREET ADDRESS PO BOX 07054 N/A  
CITY - ST - ZIP DETROIT MI 48207

TITLE DV ☐ DELETE

NAME DAVISON, CHRISTINE E  
STREET ADDRESS 654 ARGYLE  
CITY - ST - ZIP WINDSOR, ONTARIO CANADA N8Y -3J6

TITLE DV ☐ DELETE

NAME DAVISON, NATALIE S  
STREET ADDRESS 252 HIGH ST.  
CITY - ST - ZIP LONDON, ONTARIO CANADA

TITLE DV ☐ DELETE

NAME DAVISON, WILLIAM A  
STREET ADDRESS 646 ARGYLE  
CITY - ST - ZIP WINDSOR, ONTARIO, CANADA N8Y -3J6

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. T. DAVISON

JAN 15, 1997

Date

519-945-7404

Daytime Phone #

0420207

CR2E034 (9/96)