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FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

75-2272336

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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, typed or printed name of 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 CP ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DST ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

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

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS P.O. Box 07054 N/A
3.4 CITY-ST-ZIP Detroit MI 48207

TITLE DV ☐ DELETE

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

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS P.O. Box 07054 N/A
4.4 CITY-ST-ZIP Detroit MI 48207

TITLE DV ☐ DELETE

NAME DAVISON, WILLIAM A N/A
STREET ADDRESS 648 ARGYLE
CITY-ST-ZIP WINDSOR, ONTARIO, CANADA N8Y-3J6

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS P.O. Box 07054 N/A
5.4 CITY-ST-ZIP Detroit MI 48207

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 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:



W.T. DAVISON

JAN 19, 1998

519-945-7404

CR2E034 (10/97)