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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F95000001188**1. Corporation Name

LESSOR CORPORATION

						- I JARIJER LIIN IDINY RISIN AMILI ADISI MESIL MESIL MAIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Principal Place	of Business	Mailing Address						
PO BOX 07054		PO BOX 07054						
DETROIT MI 482	.07	DETROIT MI 48207				DO NOT WRITE IN THIS S	PACE	
						Date incorporated or Qualifed     03/13/1995	·, ·	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				75-2272336	No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	.,, 5.5.	27				5. Certificate of Status Desired	Fee R	equired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23	-	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intan	gible	
24	25	29	30				) Yes	⊠No
24;	9. Name and Address of Currer		11	Ī		10. Name and Address of New Registered Ag	ent	
				81	Name	-		
GILD	an, laurie L			<del>  _  </del>		TO TO NOT THE REAL PROPERTY OF THE PARTY OF		——-
€\$# C/O	GREENBERG TRAURIG		82 Street Add		Street Addres	dress (P.O. Box Number is Not Acceptable)		
	S FLAGLER, SUITE 310E		8				, , ,, ,, ,,	
	ALM BCH FL 33401							当得别别。
**	CENCE IN CO. I			84	City	EI	85 Zip	Code
na romana		207.4500.51				L L	enging its	registered
office or r	egistered agent, or both, in the State	of Florida, Such change was a	authorized	i by th	named corporation	ration submits this statement for the purpose of ch i's board of directors. I hereby accept the appointr	nent as re	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statu	ıtes.	•			
SIGNATURE	·	<u></u>						
	Signature, typed or printed name of registered age			Agent :	signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIPECTO	700 IN 12
12.		ND DIRECTORS	13.				Change	Addition
TITLE	CP	☐ DELETE	1,1 TIT			· ,	onengo	L 1000000 1
NAME	DAVISON, WILLIAM T		1.2 NA		- 1			
STREET ADDRESS	PO BOX 07054 N/A							
CITY-ST-ZIP					ADORESS			į
	DETROIT MI 48207		1.3 ST 1.4 CF	REET A	į.			
ΠΙLE	DETROIT MI 48207 DST	☐ DELETE	1.3 ST	REET A	į.		☐ Change	☐ Addition
		☐ DELETE	1.3 ST 1.4 CF	reet a TY-ST- TLE	į.	. (	☐ Change	☐ Addition
TITLE	DST	☐ DELETE	1.3 ST 1.4 CO 2.1 TO 2.2 NA	TREET A TY-ST- TLE AME	į.	. (	☐ Change	Addition
TITLE NAME STREET ADORESS	DST DAVISON, MARY ELLEN PO BOX 07054 N/A	☐ DELETE	1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 ST	TREET A TY-ST- TLE AME	-ZIP ADORESS	. (	□ Change	☐ Addition
TITLE NAME	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207	DELETE	1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 ST	TY-ST- TLE AME TREET A	-ZIP ADORESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SUIT	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV		1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	TY-ST- TLE AME TREET A ITY-ST- TLE	-ZIP ADORESS		- ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E		1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	TY-ST- TLE  AME TREET A  TLE  TREET A  AME	-ZIP  ADDRESS  - ZIP		- ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A		1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST	TY-ST- TLE TREET A TY-ST- TLE TREET A TREET A TREET A	ADDRESS ADDRESS		- ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207	DELETE	1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4, CH	TREET A TY-ST- TLE TREET A TTY-ST- TLE TREET A TREET A TTY-ST- TLE TREET A	ADDRESS ADDRESS		- ·	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207 DV		1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.5 TT	TY-ST- TLE  TY-ST- TLE  TY-ST- TLE  THE THE THE THE THE THE THE THE THE T	ADDRESS ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TTILE NAME NAME NAME NAME	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, NATALIE S	DELETE	1.3 ST 1.4 CT 2.1 TTT 2.2 NA 2.3 ST 2.4 CC 3.1 TTT 3.2 NA 3.3 ST 3.4 CC 4.5 TTT 4.2 NA	TY-ST- TLE TREET A TLE TREET A TLE TREET A TLE TREET A TTLE TREET A TTLE TREET A	ADDRESS T-ZIP  ADDRESS T-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS STREET ADDRESS	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, NATALIE S P.O. BOX 07054 N/A	DELETE	1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.5 TIT 4.2 NA 4.3 ST	TREET A TY-ST- TLE TREET A TLE TREET A TTY-ST- TLE TREET A TTY-ST- TLE TREET A TTY-ST- TLE TREET A TREET A TREET A	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, NATALIE S P.O. BOX 07054 N/A DETROIT MI 48207	☐ DELETE	1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.5 TIT 4.2 NA 4.3 ST 4.4 CI	TY-ST- TLE  AME TY-ST- TLE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS STREET ADDRESS	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, NATALIE S P.O. BOX 07054 N/A DETROIT MI 48207 DV	DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 CT 4.5 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 1.5 TT 1.	TY-ST- TLE  AME TY-ST- TLE  TLE TLE TLE TLE TLE TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, NATALIE S P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, WILLIAM A P.O.BOX 07054 N/A	☐ DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 CT 4.5 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST 5.	TY-ST- TLE  AME TREET A  TLE  AME TREET A	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, NATALIE S P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, WILLIAM A P.O.BOX 07054 N/A DETROIT MI 48207	DELETE	1.3 ST 1.4 CT 2.1 TT 1.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 CT 4.5 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST 5.4 CT 5.4 CT 5.4 CT 5.4 CT 5.5 TT 5.5 CT 5.5 CT 5.5 CT 5.5 CT 7.5 CT 7.	TY-ST- TLE  AME TREET A  TLE  TLE  TLE  TLE  TY-ST- TLE  AME TY-ST- TLE  AME TY-ST- TLE  TLE  TLE  TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST-	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		☐ Change ☐ Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAVISON, MARY ELLEN PO BOX 07054 N/A DETROIT MI 48207 DV DAVISON, CHRISTINE E P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, NATALIE S P.O. BOX 07054 N/A DETROIT MI 48207 DV DAVISON, WILLIAM A P.O.BOX 07054 N/A	☐ DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 CT 4.5 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST 5.	TY-ST- TLE  AME TREET A  TLE  TLE  TLE  TLE  TY-ST- TLE  AME TY-ST- TLE  AME TY-ST- TLE  TLE  TLE  TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST-	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		☐ Change	Addition

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 attention with an address, with all other like empowered. RECWILLAMIT. DAVNOD

STREET ADDRESS

CITY-ST-ZIP!

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90051 020 \*\*\*150.00