

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005044 (1)**

1. Corporation Name

**ARGONAUT HOLDINGS, INC.**



Principal Place of Business

**3044 W. GRAND BLVD.  
RM 15-201  
DETROIT MI 48202**

Mailing Address

**3044 W. GRAND BLVD.  
RM 15-201  
DETROIT MI 48202**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>38-0542715</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULLEN, MATTHEW P</b>	1.2 NAME	
STREET ADDRESS	<b>3044 W. GRAND BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DETROIT MI 48202</b>	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISTER, BARBARA A</b>	2.2 NAME	
STREET ADDRESS	<b>3044 W. GRAND BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DETROIT MI</b>	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOSKINS, THOMAS T III</b>	3.2 NAME	<b>D</b>
STREET ADDRESS	<b>3044 W. GRAND BLVD.</b>	3.3 STREET ADDRESS	<b>JOHN E. SPELLEN</b>
CITY-ST-ZIP	<b>DETROIT MI 48202</b>	3.4 CITY-ST-ZIP	<b>3044 W. GRAND BLVD.</b>
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGENBACH, RICHARD T</b>	4.2 NAME	
STREET ADDRESS	<b>3044 W. GRAND BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DETROIT MI</b>	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLAINE, ROCH X</b>	5.2 NAME	
STREET ADDRESS	<b>3044 W. GRAND BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DETROIT MI 48202</b>	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, WILLIAM E</b>	6.2 NAME	<b>D</b>
STREET ADDRESS	<b>3044 W. GRAND BLVD.</b>	6.3 STREET ADDRESS	<b>DAVID A. SKIVEN</b>
CITY-ST-ZIP	<b>DETROIT MI 48202</b>	6.4 CITY-ST-ZIP	<b>3044 W. GRAND BLVD.</b>

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 on the receipt 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: \_\_\_\_\_

CR2E034 (10/97)