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

FILED May 15, 1999 8:00 am Secretary of State 05-15-1999 90010 031 ***150.00

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DOCLIN	VENT # F95000005	044	i /							
1			V							
Corporation	on Name						.			
į						DEDARTMENT OF	· ^**		/	
ARGONAL	UT HOLDINGS, INC	_				ľ				
						_				
Principal Place	e of Business	Mailir	ng Address							
3044 W	. GRAND BLVD.	304	4 W. GRAN	ID BL	VD.					
ROOM 15-201 ROOM 15-201						DO NOT WRITE	N THIS S	PACE		
DETROIT, MI 48202 DETROIT, MI 48202						3. Date Incorporated or Qualified				
	.,				· –	10/16/1995				
2. Principal f	Place of Business	2a. N	Mailing Address			4. FEI Number		I A	pplied F	or
21		26	•			38-0542715		N	ot Appli	cable
Suite, Apt. #, etc. Suite, Apt. #,						5. Certificate of Status Desired		8.75 A	dditiona	ıl
22		27				5. Certificate of Status Desired	Ц ;	ee Requir	ed _	
City & Stat	e		City & State			6. Election Campaign Financing		5.00 M		
23			28			Trust Fund Contribution		Added to F		
Zip	Country	z	ip	Country	<i>t</i>	8. This corporation owes the curr				a
24	25	29	30			Property Tax.	Ye:		X No	
	9. Name and Address of Current	Registe	ered Agent			10. Name and Address of New R	egistered	Agent		
•				81	Name					
93 Street Addes						ress (P.O. Box Number is Not Accepta	ıble)			-
CT CORPORATION SYSTEM					Ou doc / lac	and the second	,			
1200 SOUTH PINE ISLAND				83						
PLANTA	TION, FL 33324			<u> </u>	.			losi w	<u> </u>	
				84	City		FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 0502	2 and 60	7 1508 Florida Statut	tes the at	ove-named	corporation submits this statement fo	the num	ose of cha	naina it	s
registered	office or registered agent, or both, in	the Stat	e of Florida. Such cha	ange was	authorized	by the corporation's board of directors. atutes.	I hereby a	accept the	appoint	tment
as registe	red agent. I am familiar with, and acci	ept the o	bligations of, Section	607.0505	, Florida St	atutes.				
SIGNATURE			1401 18 11 11	/MOTE	. D:		DAT			_i
12.	Signature, typed or printed name of register OFFICERS AND D			13.	registered	Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICE			RS IN 1	2
		ILC IC	DELETE	1.1 TITLE	1	7,00111011001111110201100111102		Change		2 Addition
TITLE	P/D		L. DELETE	1.1 IIILE 1.2 NAME					Ш,	
NAME	DUES, JOHN J.		1.3 STREET ADDRESS							
STREET ADDRESS	DETROIT, MI 48202		1.4 CITY - ST - ZIP							
CITY - ST - ZIP		.02	DELETE	2.1 TITLE				Change		Addition
TITLE	S Tramen DADDADA	7\	□ Dece ie	2.1 TITLE 2.2 NAME					ш.	
NAME	LISTER, BARBARA 3044 W. GRAND BI				ET ADDRESS					1
STREET ADDRESS				2.4 CITY -						
CITY - ST - ZIP	DETROIT, MI 482 V/D	202	DELETE	3.1 TITLE				Change	TA	ddition
TITLE	, · , —		□ nere ie	3.2 NAME				L Orbinge	Ш,,	
NAME	McClain, Roch X. 3044 W. GRAND BI				ET ADDRESS					
STREET ADDRESS	1			3.4 CITY						
CITY - ST - ZJP		202	□ BELETE					Channe		Addition
TITLE	V/D	,	[] DELETE	4.1 TITLE				Change	^لـــا	NACIOOT!
NAME	Taylor, Janice 3044 W. GRAND B			4.2 NAME	1					
STREET ADDRESS				4.4 CITY	ET ADORESS					
CITY - ST - ZIP	DETROIT, MI 482	202	□ per exe					Change	$\neg \neg$	Addition
TITLE	D		DELETE	5.1 TITLE				Change	⊔″	AGGIGON
NAME	Digirolamo, Enri			5.2 NAME						1
STREET ADDRESS	3044 W. GRAND B				ET ADDRESS				•	
CITY - ST - ZIP	DETROIT, MI 482	<u> </u>		5.4 CITY						
TITLE			DELETE	6.1 TITLE				Change	∟,	Addition
NAME	Robson, David A			6.2 NAME						
STREET ADDRESS	3044 W. GRAND B				ET ADDRESS					
CITY - ST - ZIP	DETROIT, MI 482			6.4 CITY		11.0.0	4 11		that #5	
14. I hereby o	ertify that the information/supplied with a longitude of this applied report or s	n this fili uppleme	ing does not qualify fo ental annual report is	r the exer true and a	aption state locurate and	ed in Section 119.07(3)(i), Florida Statu d that my signature shall have the sam	nes. I furti e legal efi	ect as if m	uiat the iade un(der
oath; that	I am an officer or director of the corpo	oration o	r the receiver or trust	ee empoy	ered to exe	of that my signature shall have the same ecute this report as required by Chapte all other like empowered.	607, Flo	rida Statut	es; and	that
my name	appears in Block 13 or Block 13 if ch	anged, o	r on an attachment w	un apraeto	iress, with a	all other like empowered.				
CICNIAT	UDE. / W/11//	,	1 1	7 10	51_	_				
SIGNAT	SIGNATURE AND TYPED O	R PRIMI	ED NAME OF SIGNIM	G OFFICE	R OR DIREC	CTOR Date	Davtim	e Phone #		
	A OLOUWAND WITH MILE OF						,			

STF FL32381F.1

Barbara A. Lister Secretary