

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

FILED

Jan 30 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 # F96000000896 (8)

1. Corporation Name

INDEPENDENCE ONE INVESTMENT GROUP, INC.



Principal Place of Business

27777 INKSTER ROAD
FARMINGTON HILLS MI 48333-8065

Mailing Address

27777 INKSTER ROAD
FARMINGTON HILLS MI 48334-5326

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/22/1996

3a. Date of Last Report

4. FEI Number

13-3617426

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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 person designated agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, GERALD G	
STREET ADDRESS	215 GATEWAY ROAD	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBRIGHT, THOMAS E	
STREET ADDRESS	825 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZYTKOWICZ, GREGORY G	
STREET ADDRESS	825 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANTHIER, ELISA M	
STREET ADDRESS	825 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CROWE, KEVIN E	
STREET ADDRESS	825 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BEDOW, KATHLEEN	
STREET ADDRESS	825 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

1-24-97 707-258-5880

Date

Daytime Phone #

0480344

CR2E034 (9/96)