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

PROFIT. **CORPORATION ANNUAL REPORT** 

1992



**FILED** 

May 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	MENT # F9600 NAY FINANCE, INC.	0001377 (8)			
Principal Place of Business  4855 STATE ST SUITE 3A SAGINAW MI 48603		Mailing Address  4855 STATE ST SUITE 3A SAGINAW MI 48603		DO NOT WRITE IN THIS SPACE	
IM VERNIUNG	46003	SACHNAW MI 10003		3. Date Incorporated or Qualified	0 01 7.02
		·		03/19/1996	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number 38-3262490	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		77	\$8.75 Additional
22]		27		6. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7 <sub>(p)</sub>	Country	Trust Fund Contribution	Added to Fees
24	25		<b>50</b>	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	current year intangible  X Yes  No
	g. Name and Address of Curre		_	10. Name and Address of New Registers	
HA	rri <b>s</b> , ron		81 Name		
601 N ORANGE AVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
GR	EEN COVE SPRINGS FL 32043		83		
			63		
			84 City	F	85 Zip Code
agent. Ta	Signature, typed or perfect names of regical lead (it)	• contained to diapply abls (NOTE)	Registered Agent's gnature require		
12.	OFFICE HIS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	GARBER, RICHARD J	[ ] הנכונ	1.1 HILE 1.2 NAME		C ottaings C Addition
STREET ADDRESS	7 RUST LANE		13 STREET ADDRESS		
CITY-ST-ZIP	SAGINAW MI 48602		1.4 CHY-ST-ZIP		
TIFLE	STD	☐ DEL <b>e</b> te	2.1 TITLE		Change Addition
NAME	DICKEN, R. MICHAEL		2.2 NAME		
STREET ADDRESS	3615 KOCHVILLE RD		2.3 STHEET ADDRESS		
CITY-ST-ZIP	SAGINAW MI 48604	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME	ADAMS, CLARKE B	☐ breen	3.1 TITLE 3.2 NAME		E onango D Addition
STREET ADDRESS	4152 BIRMINGHAM RD		3.2 NAME 3.3 STHELT ADDRESS		
CITY-ST-ZIP	ALMA MI 48801		3 4. CHY-ST-ZIP		
TITLE		DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME	E		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		T BELFE	4.4 CITY-ST-7IP		Change Labour
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STORET ADDORES			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TNLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 supplience that it is to and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the converted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or than under the converted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or than under the converted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or this annual report of the converted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or this annual report of the converted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or this annual report of the converted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 1

64 CITY-ST-ZIP