

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

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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002487 (4)

1. Corporation Name
DMR FINANCIAL SERVICES, INC.

Principal Place of Business
24445 NORTHWESTERN HWY #219
SOUTHFIELD MI 48075

Mailing Address
24445 NORTHWESTERN HWY #219
SOUTHFIELD MI 48075-2437



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report none
4. FET Number 38-1778676		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent			

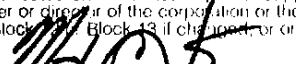
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	CP
NAME	ARMISTEAD, DANIEL D	12 NAME	
STREET ADDRESS	24445 NORTHWESTERN HWY #219	13 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48075	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	President
NAME	HAYES, JOHN	22 NAME	Mark C Stevens
STREET ADDRESS	8137 GRAND RIVER	23 STREET ADDRESS	24445 Northwestern Hwy # 100
CITY-ST-ZIP	BRIGHTON MI 48116	24 CITY-ST-ZIP	Southfield, Mi 48075
TITLE	COO	31 TITLE	
NAME	CREER, GORDON W	32 NAME	
STREET ADDRESS	24445 NORTHWESTERN HWY #219	33 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48075	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	
NAME	DURANT, CLARK	42 NAME	
STREET ADDRESS	300 TALON CTR	43 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48207	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	DECKLEVER, WILLIAM O	52 NAME	
STREET ADDRESS	17657 NORTHFIELD DR	53 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER HILLS MI 48309	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	LOVING, JOSEPH H	62 NAME	
STREET ADDRESS	100 MAPLE PARK BLVD #140	63 STREET ADDRESS	
CITY-ST-ZIP	ST CLAIR SHORES MI 48082	64 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  Mark C Stevens President/CEO 02-21-97 810-827-3390

CR2E034 (9/96)