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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

DOCUMENT # **F96000002487 (4)**

1. Corporation Name
DMR FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
24445 NORTHWESTERN HWY #219 **SOUTHFIELD MI 48075**	**24445 NORTHWESTERN HWY #219** **SOUTHFIELD MI 48075-2437**

3. Date Incorporated or Qualified: **05/17/1996**
3a. Date of Last Report: **none**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **38-1778676** ☐ 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

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE	CP	☒ Change ☐ Addition
NAME	ARMISTEAD, DANIEL D		1.2 NAME		
STREET ADDRESS	24445 NORTHWESTERN HWY #219		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI 48075		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	President	☐ Change ☒ Addition
NAME	HAYES, JOHN		2.2 NAME	Mark C Stevens	
STREET ADDRESS	8137 GRAND RIVER		2.3 STREET ADDRESS	24445 Northwestern Hwy # 100	
CITY-ST-ZIP	BRIGHTON MI 48116		2.4 CITY-ST-ZIP	Southfield, Mi 48075	
TITLE	COOT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CREER, GORDON W		3.2 NAME		
STREET ADDRESS	24445 NORTHWESTERN HWY #219		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI 48075		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DURANT, CLARK		4.2 NAME		
STREET ADDRESS	300 TALON CTR		4.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48207		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DECKLEVER, WILLIAM O		5.2 NAME		
STREET ADDRESS	17557 NORTHFIELD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER HILLS MI 48309		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LOVING, JOSEPH H		6.2 NAME		
STREET ADDRESS	100 MAPLE PARK BLVD #140		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLAIR SHORES MI 48082		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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