

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Aug 12 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 # F96000003593 (8)

1. Corporation Name
DESIGNED ADMINISTRATIVE RESOURCES TECHNOLOGIES, INC.



Principal Place of Business
**2851 HIGH MEADOW CIRCLE
AUBURN HILLS MI 48326**

Mailing Address
**2851 HIGH MEADOW CIRCLE
AUBURN HILLS MI 48326**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1656840	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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	CCEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMBKA, DENNIS E		1.2 NAME		
STREET ADDRESS	2851 HIGH MEADOW CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURN HILLS MI 48326		1.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAY, RONALD E		2.2 NAME		
STREET ADDRESS	2851 HIGH MEADOW CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURN HILLS MI 48326		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMBKA, BRIAN W		3.2 NAME		
STREET ADDRESS	2851 HIGH MEADOW CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURN HILLS MI 48326		3.4 CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANDELA, JOHN A		4.2 NAME		
STREET ADDRESS	2851 HIGH MEADOW CIRCLE		4.3 STREET ADDRESS	2851 High Meadow Circle	
CITY-ST-ZIP	AUBURN HILLS MI 48326		4.4 CITY-ST-ZIP	Auburn Hills, MI 48326	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER, EDWARD W		5.2 NAME		
STREET ADDRESS	2851 HIGH MEADOW CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURN HILLS MI 48326		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, changed, or on an attachment with an address.

SIGNATURE: **Dennis E. Lambka** *[Signature]* 7/23/97 (248) 373-2000

CR2E034 (4/97)