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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED**

Apr 07 1997 8:00am Secretary of State

TALCUP, INC.  Principal Place of Business  Mailing Address  3443 SCHOOLCRAFT RD.									
LIVONIA MI 481	150	LIVO	LIVONIA MI 48150-1316						
						<ol> <li>Date Incorporated or Qualified</li> <li>11/25/1996</li> </ol>	3a. L	ate of Last I	neport
2. Frincipal f	Place of Business	2a.	Mailing Address			4, FEI Number		A	pplied For
21 3530	O N. Harbor City B	lvd 26				38-2950440			lot Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired	(X)		Additional
22 City & Sta	rtz.	[27]	City & State		<b></b>		· · · · · · · · · · · · · · · · · · ·		Required
~	bourne, FL	28	City & State			6. Election Campaign Financing Trust Fund Contribution			) May Be I to Fees
<b>Ζ</b> ιρ	Country	1201-	Zip	Count	ry	8. This corporation has liability fo			
24 329		29		30			☐ Yes		
	g, Name and Address of Cur	rent Regist	ered Agent			10. Name and Address of New R	legistered	Agent	
	CORPORATION SYSTEM			8	1 Name				
	SOUTH PINE ISLAND ROAD			6	2 Street Add	dress (P.O. Box Number is Not Accepta	able)	1	
PLAI	NTATION FL 33324			8	3				<del> </del>
				В	4 City		Fl	65 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 60	07.1508, Florida Statu	ites, the abo	ve-named cor	rporation submits this statement for the			its registered
office or	registered agent, or both, in the St	tate of Floric	la Such channe was	authorized l	L	بمراج والمناط والمناط والمناط والمناط والمناط والمناط	ant the en	pointment a	s registered
adent L	am tamiliar with, and accept the ob	digations of	Section 607 0505 F	lorida Statut	by the corpore es.	ation's board of directors, I hereby acc	chine ab	pontinoned	
	am familiar with, and accept the ob	oligations of	Section 607.0505, F	lorida Statut	by the corpore es.	rporation submits this statement for the ation's board of directors. I hereby acc	ері ше ар	position a	
agent 1	Signature, typied or printed name of registered	d agent and tile :	d applicable (NO			uired when reinstating)	DATE		
SIGNATURE	Signature typicd or printed name of registered OFFICERS		d applicable (NO	OTE Registered A	gent signature requ		DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  10.f	Squalize typed or printed name of registred OFFICERS	d agent and tile :	d applicable (NO	TE Regislered A	gent signalure requ	uired when reinstating)	DATE		
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in dermands indicated on this annual report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under of Larn an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Brock 13 y configed, or of an attachment with an address.

3/28/97

313-525-1155

Daytime Phone # 0011126