

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000270

1. Corporation Name
CLAYTON GROUP SERVICES, INC.

Principal Place of Business
41650 GARDENBROOK RD., #155
NOVI MI 48375

Mailing Address
41650 GARDENBROOK RD., #155
NOVI MI 48375

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90074 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

43-0959609

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOURY, DON
1489 W. PALMETTO PARK RD., #450
BOCA RATON FL 33486

81 Name CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

83

84 City PLANTATION

FL

85 Zip Code 33324

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

Marc A. Gillis- Asst. Secy.

3-17-99

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 C ☐ DELETE
NAME SCHMITT, ROBERT
STREET ADDRESS 41650 GARDENBROOK RD., #155
CITY-ST-ZIP NOVI MI 48375

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE AVP ☐ DELETE
NAME BESSESEN, PATRICIA
STREET ADDRESS 41650 GARDENBROOK RD., #155
CITY-ST-ZIP NOVI MI 48375

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KAMM, KURT
STREET ADDRESS 41650 GARDENBROOK RD., #155
CITY-ST-ZIP NOVI MI 48375

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SAVASTANO, THEODORE
STREET ADDRESS 41650 GARDENBROOK RD., #155
CITY-ST-ZIP NOVI MI 48375

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Robert Schmitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99
Date

248-344-8550
Daytime Phone #

CR2E034 (11/98)