

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

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FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90110 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000432

1. Corporation Name
WHITCOMB, INC.

Principal Place of Business
**1700 N. WOODWARD AVE., #200
BLOOMFIELD HILLS MI 48304**

Mailing Address
**1700 N. WOODWARD AVE., #200
BLOOMFIELD HILLS MI 48304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1997	
4. FEI Number 38-3340378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1133 W. LONG LAKE RD.	2a. Mailing Address 26 1133 W. LONG LAKE RD.
Suite, Apt. #, etc. 22 #100	Suite, Apt. #, etc. 27 #100
City & State 23 BLOOMFIELD HILLS, MI	City & State 28 BLOOMFIELD HILLS, MI
Zip 24 48302	Zip 29 48302
Country 25	Country 30

9. Name and Address of Current Registered Agent LUDIN, ERIC 5720 CENTRAL AVE. ST PETERSBURG FL 33707		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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

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	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENZWEIG, JACK	1.2 NAME	
STREET ADDRESS	1700 N. WOODWARD AVE., #200	1.3 STREET ADDRESS	1133 W. LONG LAKE RD.
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	1.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVITZ, CLIFFORD J	2.2 NAME	
STREET ADDRESS	1700 N. WOODWARD AVE., #200	2.3 STREET ADDRESS	1133 W. LONG LAKE RD.
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	2.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINKNER, JOSHUA	3.2 NAME	
STREET ADDRESS	1700 N. WOODWARD AVE., #200	3.3 STREET ADDRESS	1133 W. LONG LAKE RD.
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	3.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENZWEIG, MARC	4.2 NAME	
STREET ADDRESS	1700 N. WOODWARD AVE., #200	4.3 STREET ADDRESS	1133 W. LONG LAKE RD.
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	4.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENZWEIG, TODD	5.2 NAME	
STREET ADDRESS	1700 N. WOODWARD AVE., #200	5.3 STREET ADDRESS	1133 W. LONG LAKE RD.
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	5.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 **248-433-1177**

Date

Daytime Phone #