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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 02, 1999 8:00 am Secretary of State

	1999	Sivilien of o		1110110		լ 04-02-1999	90002 (	047 ***150.	.00	
DOCUMENT #F9700001204 V										
GP Stuart Associates Corp. Color										
;										
Principal Place of Business Mailing Address										
27th Floor										
Fisher Building Same						DO NOT WR	TE IN THI	S SPACE		
Detroit, MI 48202						<ol> <li>Date Incorporated or Qualifed 3/10/97</li> </ol>				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	plied For	]
21		26				38-3340258   Not Applicat				-
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		≱8.75 A Fee Re		ļ
		City & State			:	6. Election Campaign Financing		\$5.00	=	-
23		28				Trust Fund Contribution		Added to	•	
Zip	Country	Zip	Coun	try		8. This corporation owes the curr	ent year Ir			
24	25	<del></del>	30			Personal Property Tax.			□No	-
	9. Name and Address of Current	Registered Agent		31 Name		10. Name and Address of New I	Registered	Agent		-
Peter D. Cummings				Name	•					
3501 SW Corporate Parkway			[1	32 Street	Addres	s (P.O. Box Number is Not Accepta	able)			l
Palm City, FL 34990			-	33				· · · · · · · · · · · · · · · · · · ·		1
			Į.			····		]		-
			'	34 City			Fl	85 Zip C	ode	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	thorized I	by the corp	corpor oration	ation submits this statement for the s board of directors. I hereby acce	purpose of the appo	f changing its i pintment as reg	registered pistered	
SIGNATURE										
	Signature, typed or printed name of registered agent a OFFICERS AND		Registered A	gent signature	required w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIDECTO	DC IN 12	ع ا
TITLE	DP OFFICERS AND	DELETE	1.1 TITL		1	ADDITIONS/CHANGES TO OF	FICERS A	☐ Change	Addition	1
NAME	Cummings, Peter D.	<u></u>	1.2 NAM					_ ,	_	3
STREET ADDRESS	Cumungs, recer D.			EET ADDRESS						{
CITY-ST-ZIP	3301 SW Corporate rankway			-ST-ZIP					_	] 6
TITLE			2.1 TITL	2.1 TITLE				Change	☐ Addition	١ (
NAME			2.2 NAN	Ε						1
STREET ADDRESS	3501 SW Corporate F	Parkway	2.3 STR	EET ADDRESS	:					
CITY-ST-ZIP	Palm-City, FL 34990	-		Y-ST-ZIP				Change T	Addition	<u>-</u>
-iiire	AS		3.1 1111	_				☐ Change	L] Addition	
NAME STREET ADDRESS	Weiss, Arthur		3.2 NAM	E EET ADDRESS						
CITY-ST-ZIP	One Woodward Ave.,	Ste. 2400	4	-ST-ZIP						
TITLE	Detroit, MI 48226	☐ DELETE	4.1 TITL		<del>                                     </del>			☐ Change	☐ Addition	1
NAME			4. 2 NAM	Æ						
STREET ADDRESS			4.3 STR	EET ADDRESS						
CITY-ST-ZIP			-	-ST-ZIP	<b> </b>					1
TITLE		☐ DELETE	5.1 TITL					☐ Change	☐ Addition	
NAME			5.2 NAM							
STREET ADDRESS			5.3 STR	EET ADDRESS - ST- 7ID						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITU		+	<u> </u>		☐ Change	Addition	
NAME		_ 5555.4	6.2 NAM							
STREET ADDRESS			6.3 STR	ET ADDRESS						
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	<u>L</u>					

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: