


FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000005329 (4) 1. Corporation Name BYC ACQUISITION CORP.		



Principal Place of Business 13400 OUTER DR., WEST DETROIT MI 48239	Mailing Address 13400 OUTER DR., WEST DETROIT MI 48239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 10/10/1997	
4. FEI Number 38-3374279 APPLIED FOR	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KOZEL, ALBIN A
STREET ADDRESS	13400 OUTER DR., WEST
CITY-ST-ZIP	DETROIT MI 48239
TITLE	VT <input type="checkbox"/> DELETE
NAME	MEYER, DONALD G
STREET ADDRESS	13400 OUTER DR., WEST
CITY-ST-ZIP	DETROIT MI 48239
TITLE	V <input type="checkbox"/> DELETE
NAME	NICHOLAS, JUNE C
STREET ADDRESS	13400 OUTER DR., WEST
CITY-ST-ZIP	DETROIT MI 48239
TITLE	S <input type="checkbox"/> DELETE
NAME	FARMER, JOHN F
STREET ADDRESS	13400 OUTER DR., WEST
CITY-ST-ZIP	DETROIT MI 48239
TITLE	AS <input type="checkbox"/> DELETE
NAME	KNOLL, JAY B
STREET ADDRESS	13400 OUTER DR., WEST
CITY-ST-ZIP	DETROIT MI 48239
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNGDAHL, RUSSELL C JR.
STREET ADDRESS	13400 OUTER DR., WEST
CITY-ST-ZIP	DETROIT MI 48239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.

SIGNATURE: *[Signature]*

NATURE: *[Signature]*

CR2E034 (10/97)