

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

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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90114 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005329

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

3. Date Incorporated or Qualified 10/10/1997	
4. FEI Number 38-3374279	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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOZEL, ALBIN A		1.2 NAME MCCLURE, CHARLES G.	
STREET ADDRESS 13400 OUTER DR., WEST		1.3 STREET ADDRESS 13400 OUTER DR W	
CITY-ST-ZIP DETROIT MI 48239		1.4 CITY-ST-ZIP DETROIT, MI 48239	
TITLE VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MEYER, DONALD G		2.2 NAME MCENROE, DANIEL J.	
STREET ADDRESS 13400 OUTER DR., WEST		2.3 STREET ADDRESS 13400 OUTER DR W	
CITY-ST-ZIP DETROIT MI 48239		2.4 CITY-ST-ZIP DETROIT, MI 48239	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICHOLAS, JUNE C		3.2 NAME	
STREET ADDRESS 13400 OUTER DR., WEST		3.3 STREET ADDRESS	
CITY-ST-ZIP DETROIT MI 48239		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARMER, JOHN F		4.2 NAME	
STREET ADDRESS 13400 OUTER DR., WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP DETROIT MI 48239		4.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNOLL, JAY B		5.2 NAME	
STREET ADDRESS 13400 OUTER DR., WEST		5.3 STREET ADDRESS	
CITY-ST-ZIP DETROIT MI 48239		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNGDAHL, RUSSELL C JR.		6.2 NAME	
STREET ADDRESS 13400 OUTER DR., WEST		6.3 STREET ADDRESS	
CITY-ST-ZIP DETROIT MI 48239		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:

John F. Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John F. Farmer

Date

Daytime Phone #

3-2-99 **313/592 7111**

CR2E034 (11/98)