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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F9700006949 (8)

POSEN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 17 1998 8:00am Secretary of State



3675 AUBURN ROAD UTICA MI 48317		3675 AUBURN ROAD UTICA MI 48317			DO NOT WRITE IN THI	S SPACE	
					Date Incorporated or Qualified     12/30/1997		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For		pplied For
21		26			38-2297532	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	urrent year Ir	itangible
24	25	29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curr	<del></del>		I	10. Name and Address of New Registered	i Agent	
CORPORATION SERVICE COMPANY 81 Name							
1201 HAYS STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
T#	ALLAHASSEE FL 32301-2525			]	· · · · · · · · · · · · · · · · · · ·		<u> </u>
			83				
			84	City	F	85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the shared corporation submits this statement for the purpose of cheering its registered.							
office of 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		IND DIRECTORS	13.	on organization roop	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	2S IN 12
TITLE	PC	DELETE	1.1 TOLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	ZAPCZYNSKI, NORMAN		1.2 NAME				
STREET ADDRESS	32841 N. RIVER ROAD		1.3 STRÉE	ADDRESS			
CITY-ST-ZIP	HARRISON TWP. MI 48045		1.4 CITY - 5				
TITLE	VT DELETE		2.1 TITLE			Change	Addition
NAME	ZAPCZYNSKI, KENNETH		2.2 NAME			•	_
STREET ADDRESS	5200 CRYSTAL CREEK LAN	NE .	2.3 STREET	ADDRESS	The state of the s		Î
CITY-ST-ZIP	WASHINGTON MI 48094		2. 4 CiTY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			ı
CITY-ST-ZIP	_		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME	[			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		1	5.2 NAME	-			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	<del></del> .		5.4 CITY - S	T-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
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.							