FILED Apr 22, 2002 8:00 am § Secretary of State

04-22-2002 90304 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

F98000002750

DOCUMENT # 1. Entity Name

8600 CORPORATION

Principal Place of Business

6735 TELEGRAPH RD., STE. 110 **BLOOMFIELD HILLS MI 48301**

Mailing Address

6735 TELEGRAPH RD., STE. 110 **BLOOMFIELD HILLS MI 48301**

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE									OLOGINI ISLE	
City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Addition Required S8.75 Addition Name Name Name Name City City FL Zip Code The above named entity submits this statement for the purpose of changing its registered addition or registered agent, or both, in the State of Florida Signature, systal or printed name of registered agent and the it applicable. The above named entity submits this statement for the purpose of changing its registered addition or registered agent, or both, in the State of Florida Signature, systal or printed name of registered agent and the it applicable. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida Signature, systal or printed name of registered agent and the it applicable. The corporation is elligible to satisfy its intangible and elects to do so. After May 1, 2002 Fee will be \$50.00 After May 1, 2002 Fee will be \$50.00 Make Check Payable to Department of State TILE OP GOLDBERG, TOM J STREET ADDRESS CITY-S1-ZP Delete TILE NAME SIREET ADDRESS CITY-S1-ZP Change Ch						3. Mailing Address	ess	2. Principal P		
Signature Sign	DO NOT WRITE IN THIS SPACE					Suite, Apt. #, etc.	Suite, Apt. #, etc.			
S. Deficical or include Desired Fee Required		4. FEI Number Applied For Not Applicable				City & State	City & State			
DANIELS, ALAN H (onal	5. Certificate of Status Desired S8.75 Additional Fee Required		5. Ce	Country	Zip	Country		Zip	
DANIELS, ALAN H (ed Agent	ame and Address of New Registere	7. Na		6. Name and Address of Current Registered Agent				
800 N. MAGNOLIA AVE., STE. 1500 ORLANDO FL 32803 City FL Zip Code	The walk of the same sure to the same same to the same			and the second second	Name		•			
R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable in the purpose of changing its registered Agent signature required when reinstalling) P. This corporation is eligible to satisfy its Initiangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT.E MAME STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-					Street Ad		<u>~</u> .			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little it applicable (INOTE: Registered Agent signature required when reinstating) DATE					City			O FL 32803	ORLANDO	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Department of State Title NAME STREET ADDRESS CITY-ST-ZIP Title NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Title NAME STREET ADDRESS		ATE								
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supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ental 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or support of the corporation or the receiver changed, or on an attagment with lefhental report is t

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE REGONDEGOLDBOW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR