SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G12720** **(0)**

1. Corporation Name
THE DETROIT CONNECTION, INC.

Principal Place of Business	Mailing Address
1752 S STATE ROAD U N LAUDERDALE FL 33068	1655 SOUTH STATE ROAD 7 NORTH LAUDERDALE FL 33068 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1982
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 1665 SOUTH STATE ROAD #7
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: NORTH LAUDERDALE, FL
Zip — 24:
Country — 25:
Zip — 29: 33068
Country — 30: US

4. FEI Number: 59-2239480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPIRO, LAZAROU
2871 NE 18 ST
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: DAVID J. JONES
82 Street Address (P.O. Box Number is Not Acceptable): 1665 SO STATE ROAD 7
83:
84 City: NORTH LAUDERDALE FL 85 Zip Code: 33068

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: David J Jones DAVID J. JONES, CONTROLLER 6 JUNE 95
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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	LAZAROU, SPIRO	1.2 NAME		
STREET ADDRESS	2861 NE 18 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	V	☐ Change ☒ Addition
NAME		2.2 NAME	MARTINEZ, HENRY	
STREET ADDRESS		2.3 STREET ADDRESS	1665 S. STATE ROAD 7	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		3.1 TITLE	S/T	☐ Change ☒ Addition
NAME		3.2 NAME	JONES, DAVID J.	
STREET ADDRESS		3.3. STREET ADDRESS	1665 SOUTH STATE ROAD 7	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: SPIRO LAZAROU 6 JUNE 95 (305)974-3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000030 CP