


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

FILED  
May 14 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS			
<b>DOCUMENT # G41666 (0)</b> 1. Corporation Name <b>BEZTAK OF FLORIDA, INC.</b>							
Principal Place of Business <b>31731 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS MI 48334-1654 US</b>			Mailing Address <b>31731 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS MI 48334-1654 US</b>				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/01/1983</b> 4. FEI Number <b>59-2335232</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LUPTAK, PAOLA M 2295 CORPORATE BLVD. NW STE 240 BOCA RATON FL 33431</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
12. OFFICERS AND DIRECTORS 1.1 TITLE <input checked="" type="checkbox"/> DELETE 1.2 NAME <b>STD LUPTAK, JERRY D</b> 1.3 STREET ADDRESS <b>2500 BUHL BLDGS</b> 1.4 CITY - ST - ZIP <b>DETROIT, MI 00000</b> 1.5 TITLE <input checked="" type="checkbox"/> DELETE 1.6 NAME <b>DS BEZNOS, HAROLD</b> 1.7 STREET ADDRESS <b>31731 N WESTERN HWY</b> 1.8 CITY - ST - ZIP <b>FARMINGTON HILLS MI</b> 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME <b>V BENZOS, MAURICE</b> 1.11 STREET ADDRESS <b>31731 N.W. HWY, STE.250W</b> 1.12 CITY - ST - ZIP <b>FARMINGTON HILLS MI</b> 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP 1.21 TITLE <input type="checkbox"/> DELETE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY - ST - ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>PTD BEZNOS, MAURICE</b> 2.3 STREET ADDRESS <b>31731 NW HWY, STE 250W</b> 2.4 CITY - ST - ZIP <b>FARMINGTON HILLS, MI</b> 2.5 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.6 NAME <b>VSD BEZNOS, NORMAN</b> 2.7 STREET ADDRESS <b>31731 NW HWY, STE 250W</b> 2.8 CITY - ST - ZIP <b>FARMINGTON HILLS, MI</b> 2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP 2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP 2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 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.

SIGNATURE: 

CR2E034 (10/97)