

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

MAY - 1 AM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Joseph W. Blount
Governor

DOCUMENT # **G67965** (5)
DAMONE/ANDREW OF FLORIDA, INC.

Principal Office Address: 850 STEPHENSON HWY. STE 600 TROY MI 48064
Mailing Address: 850 STEPHENSON HWY. STE 600 TROY MI 48064

OR PRINT WRITE IN THIS SPACE

3. Date of Registration (2000)	3a. Date of Last Report
11/07/1983	05/01/1994
4. Filing Number	Applied For Fee Application
59-2341715	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Does corporation have liability for intangible tax under § 190.037 Florida Statute?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Office Telephone	2b. Mailing Office Telephone
21. 24800 Denso Drive	26. 24800 Denso Drive
22. Suite 175	27. Suite 175
23. Southfield MI	28. Southfield MI
24. 48034	29. 48034
25. USA	30. USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
TROCKE, MICHAEL T. 101 E KENNEDY SUITE 2500 TAMPA FL 33602	<table border="1"> <tr> <td>81. Name</td> <td>85. Zip Code</td> </tr> <tr> <td>82. Street Address, P.O. Box Number or Not Acceptable</td> <td>FL</td> </tr> <tr> <td>83.</td> <td></td> </tr> <tr> <td>84. City</td> <td></td> </tr> </table>	81. Name	85. Zip Code	82. Street Address, P.O. Box Number or Not Acceptable	FL	83.		84. City	
81. Name	85. Zip Code								
82. Street Address, P.O. Box Number or Not Acceptable	FL								
83.									
84. City									

11. Pursuant to the provisions of Sections 170.021 and 601.1506, Florida Statutes, this owner 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, and I hereby accept the obligations of section 170.021, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	DPT DAMONE, MICHAEL G 261 N GLENHURST DRIVE BIRMINGHAM, MI 00000	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVS ANDREW, DANIEL R 16728 PARKLANE DRIVE LIVONIA, MI 00000	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD ANDREW, DANIEL R 16728 PARKLANE DRIVE LIVONIA, MI 00000	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V WILKINS, KIM O 312 ROLLING MEADOWS DR ANN ARBOR MI	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V PRESSLEY, WILLIAM 8345 S.W. 146TH STREET MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is true, correct, and does not conflict with the information filed in any other filing with the Florida Department of State. I further certify that the information included on this annual report or registration annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This filing is effective as of the date of filing of this report, unless otherwise specified. This report is required by Chapter 200, Florida Statutes, and that my name appears on the K-1 of the Florida Department of State.

SIGNATURE: *David C. Anderson* 4/27/95 810-357-4050
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICE OR DIRECTOR