

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G67965 (5)**

1. Corporation Name

**DAMONE/ANDREW OF FLORIDA, INC.**



Principal Place of Business

24800 DENSO DRIVE  
STE 175  
SOUTHFIELD MI 48034  
US

Mailing Address

24800 DENSO DRIV  
STE 175  
SOUTHFIELD MI 48034  
US

3. Date Incorporated or Qualified **11/07/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **850 STEPHENSON HIGHWAY**

26 **850 STEPHENSON HIGHWAY**

4. FEI Number **59-2341715** Applied For Not Applicable

22 **SUITE 200**

27 **SUITE 200**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 **TROY, MI**

28 **TROY, MI**

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

24 **48083**

25 **U. S.**

29 **48083**

30 **U. S.**

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

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**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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

Signature of Registered Agent (if different from the above)

Signature of Registered Agent (if same as above)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>DAMONE, MICHAEL G</b>	
STREET ADDRESS	<b>281 N GLENHURST DRIVE</b>	
CITY- ST- ZIP	<b>BIRMINGHAM, MI 00000</b>	
TITLE	<b>SVS</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREW, DANIEL R</b>	
STREET ADDRESS	<b>16728 PARKLANE DRIVE</b>	
CITY- ST- ZIP	<b>LIVONIA, MI 00000</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREW, DANIEL R</b>	
STREET ADDRESS	<b>16728 PARKLANE DRIVE</b>	
CITY- ST- ZIP	<b>LIVONIA, MI 00000</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILKINS, KIM O</b>	
STREET ADDRESS	<b>312 ROLLING MEADOWS DR</b>	
CITY- ST- ZIP	<b>ANN ARBOR MI</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PRESSLEY, WILLIAM</b>	
STREET ADDRESS	<b>8345 S.W. 146TH STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>1258 WATER CLIFF DR.</b>
14 CITY- ST- ZIP	<b>BLOOMFIELD HILLS, MI 48302</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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)(k), 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, as changed, on an attachment to an address:

SIGNATURE: *Michael G. Damone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/90 810-583-6020  
Date Date of Filing #

CR2E034 (12/95)