FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 AM 4:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # H36063 (6)

1. Corporation Name: DAMONE/ANDREW OF SOUTH FLORIDA, INC.

Principal Place of Business: 850 STEPHENSON HWY. STE 600, TROY MI 48083

Mailing Address: 850 STEPHENSON HWY. STE 600, TROY MI 48083

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/31/1984
3a. Date of Last Report	05/01/1994
4. FEI Number	59-2489630

2. Principal Office Address: 24800 Denso Drive, Suite 175, Southfield MI 48034 USA

2a. Mailing Address: 24800 Denso Drive, Suite 175, Southfield MI 48034 USA

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

TROCKE, MICHAEL T.
101 E. KENNEDY BOULEVARD
STE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of the 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PDT
Name	DAMONE, MICHAEL G.
Street Address	261 N GLENHURST DR
City-St-Zip	BIRMINGHAM MI
Title	VSD
Name	ANDREW, DANIEL R.
Street Address	16728 PARKLANE DR
City-St-Zip	LIVONIA MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/95 Daytime Phone: 810-357-4050

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # H36135 (2)

1. Corporation Name
LEVINE, FRANK & EDGAR, P.A.

Principal Place of Business
3300 PGA BLVD
SUITE 500
PALM BEACH GARDENS FL 33410
US

Mailing Address
3300 PGA BLVD
SUITE 500
PALM BEACH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated: 12/31/1984
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2479297 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
LEVINE, JAY STEVEN
3300 PGA BLVD., STE. 500
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVINE, JAY STEVEN
STREET ADDRESS	3300 PGA BLVD., STE. 500
CITY-ST-ZIP	PALM BCH GRDNS FL
TITLE	VP
NAME	FRANK, JEFFREY H.
STREET ADDRESS	3300 PGA BLVD., STE. 500
CITY-ST-ZIP	PALM BCH GRDNS FL
TITLE	ST
NAME	EDGAR, CHARLES W III
STREET ADDRESS	3300 PGA BLVD., STE. 500
CITY-ST-ZIP	PALM BCH. GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
(Change / Addition)

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: [signature], V.P. — 1/28/95 — 407-626-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0250261 CP