

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H36063 (6)

1. Corporation Name

DAMONE/ANDREW OF SOUTH FLORIDA, INC.



Principal Place of Business

24800 DENSO DRIVE
SUITE 175
SOUTHFIELD MI 48034
US

Mailing Address

24800 DENSO DRIVE
SUITE 175
SOUTHFIELD MI 48034
US

2. Principal Place of Business

21 850 STEPHENSON HIGHWAY

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 TROY, MI

Zip

24 48083

Country

25 U.S.

2a. Mailing Address

26 850 STEPHENSON HIGHWAY

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 TROY, MI

Zip

29 48083

Country

30 U.S.

3. Date Incorporated or Qualified
12/31/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2489630

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

TROCKE, MICHAEL T.
101 E. KENNEDY BOULEVARD
STE 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, typed or printed name of registered agent and state of approval

(If FEI, Registered Agent's signature required when first doing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PDT
DAMONE, MICHAEL G.
STREET ADDRESS 261 N GLENHURST DR
CITY - ST - ZIP BIRMINGHAM MI

TITLE ☐ DELETE
NAME VSD
ANDREW, DANIEL R.
STREET ADDRESS 16728 PARKLANE DR
CITY - ST - ZIP LIVONIA MI

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 1258 WATER CLIFF DR.
14 CITY - ST - ZIP BLOOMFIELD HILLS, MI 48302

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE:

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

5/29/96 810-583-6020
Date Date/TIME Phone #

CR2E034 (12/95)