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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jun 18 1997 8:00am

Sandra B. Mortham

Secretary of State

AININ	1997		Secretary of State DIVISION OF CORPORATIONS			Secretary of State					
	MENT # J		(1)				1 1001110 0100 11140 41101 10101		âfail Bieil A	14() 1(1) 1(1) 1(1)	1 [3]] 18 3]
Principal Play	ce of Business	Maili	no Addross								
429 WALNUT ROCHESTER M		429 W	Mailing Address 429 WALNUT ROCHESTER MI 48307-1946						,		
					_		 Date Incorporated or Q 10/08/1986 	ualified		ate of Last P 24/1996	leport
	Place of Business	h	failing Address				4. FEI Number				oplied For
Suite, Apt	# ptc	26	uite, Apt. #, etc.				59-2727167			and the second second second	ot Applicable Additional
22	. π, οιο.	27	ane, Apr. #, orc.				Certificate of Status Des	sired			Additional equired
City & Sta	le		ily & State				6. Election Campaign Fina Trust Fund Contribution	-			May Be to Fees
Zip	Cou	niry Z	ıp	Cour	ntry		8. This corporation has lia				199.032,
24	25	29		30			Florida Statutes	T	Yes [
A44#		dress of Current Register	red Agent		81	Name	10. Name and Address of	New Re	gistered	Agent	
	ish, garry I pine Island Rd.			L							
	E 370				82	Street Add	ress (P.O. Box Number is Not A	cceptab	ole)		
	ARAC FL 33321			Ī	83						
					84	City				0E 710	Code
						•			FL	. `	
	to the provisions of S registered agent, or b am familiar with, and a	ections 607.0502 and 607 oth, in the State of Florida accept the obligations of, S	.1508, Florida Statut . Such change was : Section 607.0505, Fl	tes, the ab authorized orida Statu	ove by ites.	-named corp the corpora	poration submits this statement lion's board of directors. I here	for the p by accer	surpose of at the app	f changing i ointment as	ts registered registered
SIGNATURE	Signature, typed or printed n	ianic of registered agent and little if a	policable (NO:	E Hegistered	Agen	r signature requi	ired when reinstating)		DATE		
12.		OFFICERS AND DIRECT		13.			ADDITIONS/CHANGES 1	O OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	SVD		☐ DELETE	111111	l E					Change	Addition
NAME	MARSH, GARRY			1.2 NA	ME						
STREET ADDRESS	4366 ORION RD.	10000				ADDRESS					
CITY-ST-ZIP TITLE	ROCHESTER MI 4	18300	DELETE	14 CIT		- ZIP				Change	Addition
NAME	STRAMAGLIA, KA	THERINE	L. J. LACCIL	2 2 NAM						Change	E Accilion
STREET ADDRESS	4366 ORION RD					ADDRESS					
CITY-ST-ZIP	ROCHESTER FL	18306		2 4 017							
TITLE			☐ DELETE	3.1 7111						Change	Addition
NAME				3.2 NAM	ME						
STREET ADDRESS				3.3 51R	REFT A	ADDRESS					
CITY-ST-ZIP	-		Printe	3 4. CIT		- ZIP	·····			П 6.	The rec
TITLE NAME			DELETE	4.1 THE						Change	Addition
STREET ADDRESS				4. 2 NA		ADDRESS					
CITY-ST-ZIP	1			4.3 S i H							
TITLE			DELETE	5.1 TITL		-11				☐ Change	Addition
NAME				5.2 NAM	ME						
STREET ADDRESS				5.3 S1R	REE 1 A	DORESS					
CITY-ST-ZIP			·	5.4 CIT		- ZIP					
TITLE			☐ DELETE	6.1 7(1)						Change	Addition
NAME				6.2 NAM							
STREET ADDRESS CITY+ST-ZIP				6.3 S1R		IDDRESS					
141.1 * 55 * 70*	1			■ 64 CH3	1 - 51	• 711' I					

14. I do 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 supply mental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receipt or trusted 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 adaptiment with an address. MARSH 610 SIGNATURE.