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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

| 1. Conjuna                                  | JMENT # <b>K257</b> 3   | <b>`</b>                                   | on orwinate                                     |  | 1111 1111 1111 11                     |             |                              |
|---|---|--|---|--|---------------------------------------|-------------|------------------------------|
| Principal Place of Business Mailing Address |   |  |   | - I HOLIBAN EN HOR GANA IDAGE (AND FADE  | ALANI AHAM AYAH BI                    |             | )1 <b>0</b> 11 1 <b>10</b> 1 |
| 2299 FOX RUN<br>Burton MI 48519<br>Us       |   | 2299 FOX RUN<br>BURTON MI 48519-1703<br>US |   |  |                                       |             |                              |
|   |   |  |   | <ol> <li>Date Incorporated or Qualified<br/>06/03/1988</li> </ol>  | 3a. Date of 05/01/1                   |             | eport                        |
| 1   | Place of Business   | 2a. Mailing Address                        |   | 4. FEI Number 65-0054795   |                                       | <del></del> | plied For                    |
| 21 Suite, Ap                                | ot #, etc   | Suite, Apt. #, etc.                        |   |  | <u> </u>                              |             | t Applicable<br>Additional   |
| 22  | A STANCE OF THE | 27   |   | 5. Certificate of Status Desired   |                                       | Fee Re      |                              |
| City & Str                                  | ate   | City & State                               |   | 6. Election Campaign Financing   |                                       |             | May Be                       |
| <b>23</b> ]<br>Zgo                          | Country   | [28]<br>  Zip                              | Country   | Trust Fund Contribution  8. This corporation has liability for i   |                                       | Added to    |                              |
| 24  | 25]   | 29   | 30  |  | Yes No                                |             | 188.002,                     |
|   | 9, Name and Address of Cu   | rrent Registered Agent                     | 81 Name   | 10. Name and Address of New Re   | gistered Agen                         | t           |                              |
|   | SKEW, JEFFREY D   |  | 81 Name   |  |                                       |             |                              |
|   | O N. OLIVE AVENUE<br>EST PALM BEACH FL 33408  |  | 82 Street Add                                   | ress (P.O. Box Number is Not Acceptab  | le)                                   |             |                              |
| ***   | COT FALM DEAOUTE E GOTGO  |  | 83  | ter see the second seco | ····                                  |             |                              |
|   |   |  | 84 City   |  | - 85                                  | Zip (       | odo.                         |
|   |   |  | '   |  |                                       | 1 '         |                              |
| agent t<br>SIGNATURE                        | Superface hypord or professionar a of log stener  |  | rida Statutes.  Registered Agent signature requ | poration submits this statement for the pation's board of directors. I hereby acception when reinstating.  ADDITIONS/CHANGES TO OFFICE   | DATE                                  |             |                              |
| THE   | DS  | DELETE                                     | 1.1 TITLE                                       | ADDITIONS/OF ANGLE TO OFFICE   |                                       | Change      | Addition                     |
| NAME  | SMITH, DIANE J.   |  | 1.2 NAME  |  |                                       |             |                              |
| STREET ACIDRESS                             |   |  | 1.3 STREET ADDRESS                              |  |                                       |             |                              |
| CUY-SI-7IF                                  | BURTON MI   |  | 1.4 CITY - ST - ZIP                             |  |                                       |             |                              |
| IIII F                                      | DP CHITTLE BOCKET A   | ☐ DELETE                                   | 2.1 TITLE                                       |  | П                                     | Change      | Addition                     |
| NAME<br>SERELL ADDRESS                      | SMITH, BRENT A. 2299 FOX RUN  |  | 2.2 NAME<br>2.3 STREET ADDRESS                  |  |                                       |             |                              |
| CHY-SL-769                                  | BURTON MI   |  | 2. 4 CITY-ST-ZIP                                |  |                                       |             |                              |
| THTLE                                       | DVT   | ☐ DELETE                                   | 3.1 TITLE                                       | · · · · · · · · · · · · · · · · · · ·  |                                       | Change      | Addition                     |
| NAME  | SMITH, VAUGHN R.  |  | 3.2 NAME  |  |                                       |             |                              |
| STREET ADDRESS                              |   |  | 3.3 STREET ADDRESS                              |  |                                       |             |                              |
| COTY - ST - 740                             | BURTON MI 48509   | Driete                                     | 3.4. CITY-ST-ZIP                                |  | <del></del>                           |             | - Adam-                      |
| THLE<br>NAME                                | D<br>Smith, Diana M.  | DELETE                                     | 4.1 TITLE<br>4.2 NAME                           |  |                                       | Change      | Addition                     |
| STREET ADDRESS                              |   |  | 4.3 STREET ADDRESS                              |  |                                       |             |                              |
| CHY-ST ZIP                                  | BURTON MI 48509   |  | 4.4 CITY-ST-ZIP                                 |  |                                       |             |                              |
| Tutt  |   | DELETE                                     | 5.1 TITLE                                       | l  |                                       | Change      | Addition                     |
| NAME  |   |  | 5.2 NAME  |  |                                       |             |                              |
| STREET ADDRESS                              | 5   |  | 5.3 STREET ADDRESS                              |  |                                       |             | •                            |
| CHY-S1-76                                   |   | Cloner                                     | 5.4 CITY-ST-ZIP                                 | ······································   | · · · · · · · · · · · · · · · · · · · |             | 1 4 4 000                    |
| 7111.6                                      |   | ☐ DELETE                                   | 6.1 TITLE                                       |  | LJ (                                  | Change      | Addition                     |
| NAMi  |   |  | 6.2 NAME<br>6.3 STREET ADDRESS                  |  |                                       |             |                              |
| STREET ADDRESS                              |   |  |   |  |                                       |             |                              |

14. I do nereby certify that the information supplied with this filling 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 arr an officer or director of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 1000/13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-13-97 1-810-742-0451

**FILED** 

May 01 1997 8:00am

Secretary of State

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