

**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

**APPROVED  
AND  
FILED**

95 APR 24 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L11206 (4)**

1. Corporation Name  
**HOUSING CONSULTANTS, INC.**

Principal Place of Business: **PO BOX 189 ORTONVILLE MI 48462-0189**  
Mailing Address: **PO BOX 189 ORTONVILLE MI 48462-0189**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/18/1989** 3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business: **P.O. Box 166** 2a. Mailing Address: **P.O. Box 166**

4. FEI Number: **65-0142050** Applied For:  Not Applicable:

22. Suild, Apt. #, etc. 27. Suite, Apt. #, etc.

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

23. City & State: **CLARKSTON MI** 28. City & State: **CLARKSTON MI**

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

24. Zip: **48346** 25. Country: 29. Zip: **48346** 30. Country:

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

9. Name and Address of Current Registered Agent:  
**WILSON, GARY K.  
1100 FIFTH AVE S  
SUITE 211  
NAPLES FL 33940**

10. Name and Address of New Registered Agent:  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_ B5 Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>BENSON, BYRNE H.</b>
STREET ADDRESS	<b>4100 CORPORATE WAY S104</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	<b>DP BENSON BYRNE H.</b>
13 STREET ADDRESS	<b>7765 CORDINGTON CT. CLARKSTON MI 48346</b>
14 CITY - ST - ZIP	
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 110.07(3)(b), 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 (change), or on an attachment with an address.

SIGNATURE: **BYRNE H. BENSON** Date: **4/15/95** 810-625-6110