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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996	600 W.		DIVISION OF	CORPOR	AHO	INS					
DOCUMENT # L59000 (4) 1. Corporation Name												
	INVESTMEN	TS, INC.						LARGING BRI BILLS (SOL BRILL B		81511 B1811 A16	hi 6:60 8180 1881	
Principal Place of Business				Mailing Address				i sattriati dat drug stern abrit ste	11 68 11 61616	******	at Atmin Atmin 1881	
3407 TORREY ROAD P O BOX 7718 FLINT MI 48507			J	3407 TORREY ROAD P O BOX 7718 FLINT MI 48507								
								3. Date Incorporated or Qualified 03/21/1990	Report 995			
	ipal Place of Business			2a. Mailing Address				4. FEI Number	<u> </u>		Applied For	
21 Suite, Apt. #,	Suite, Apt. #, etc.			Suite, Apt. #, etc.				38-2923629			Not Applicable 5 Additional	,
2			27					5. Certificate of Status Desired	X.	Fee Required		
City & State	City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country				Zip Co				8. This corporation has liability for	y for intangible tax under s 199.032,			7
9. Name and Address of Curr		29 at Registr			<u> </u>		Florida Statutes	: □No Registere	d Agent			
						81	Name	19. Hallie and Addiede of Hell	iogisto.o	a Agoin		\dashv
		CORPORATION S	SYSTEM	INC.		82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)			\dashv
1201 HA SUITE 10	NYS STREET					83						\dashv
	ASSEE FL 323	01				84	City			85 Z	ip Code	
		or an annual contract of the second contract					-		F	L	•	_
or registere:	id agent, or both,	in the State of Flor	ida. Such	change was authorize	ed by the c	orpo	amed corpora pration's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of a pointment :	:hanging its as registere	registered offic d agent, l a m	e
SIGNATURE	т, апо ассерстве	obligations or, Sec	U. 100 HOU	505, Florida Statutes	,							
	ilgnature, typied or printe	dinanic of registered agen			1E Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTO	OBS IN 12	ફિ
12.	OFFICERS AND PTS		DINEG	DELETE		1. 1 TITLE		ADDITIONS/CHANGES TO OFF	IGENS A	☐ Change		CR2E034 (12/95)
NAMI	SAAB, GHASSAN M.					1.2 NAME						2
STREET LADORESS						1.3 STREET ADDRESS 1.4 City-ST-Zip						ΩÜ
CITY - ST ZIF	I CIPAL IMI			DELETE	2 1 T		- 2119			☐ Change	☐ Addition	⊢შ
NAME					22 N	AME						
STREET ADDRESS							ADDRESS					
CATY - ST - ZAF THILE				DELETE	3.11	ITY-ST ITLE	- ZIP			☐ Change	☐ Addition	\dashv
NAME					3 2 N	AME						
STREET ADDRESS							ADDRI.SS					
City - St - ZiP Title				DELETE	34C 41T	ITY-ST ITLE	1-71P			Change	☐ Addition	\dashv
NAME					42 N	AME						
STREET ADDRESS							ADDRESS					
CITY - ST - ZIF TIELF				DELETE	5 1 I	ITY-ST ITLE	1. <u>Slb</u>			☐ Change	☐ Addition	-
NAME					52 N	AME				•		
SIR TELFADORESS							ADORESS					
CHY-SI-ZIP TITLE				DELETE	54C 6 1 T	ITY-ST ITLE	1-ZIP			☐ Change	Addition	\dashv
NAMt					6 2 N					_ ,		
STRIFT ADDRESS							ADDRESS					
CIIn - SI - ZIP 14. I do hereby	certify that the in	formation supplied	with this f	ling is voluntarily furn		ily-si Des		or the exemption stated in Section 119	1.07(3)(k). I	Florida Stati	utes. I further	-
certify that t eath; that I		dicated on this and director of the con-	val report		ual report e emporte	s trui red ti	e and accurat o execute this	le and that my signature shall have the report as required by Chapter 607, F	e same leg	al effect as	if made under	
		Phi	_	Jud	7 '		assan	$\frac{3000}{2}$ ent $\frac{2}{22}$ 96	(411	1225	-3200	
SIGNATI	UKE:			Ame of premine or rich	R OR DIREC	TOR	resid	CMI Date	COIL	Daytinie Prion		