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

FILED

Sandra B. Mortham

COF	PROFIT CORPORATION NUAL REPORT 1997 PLORIDA DEPARTMENT OF CORPORATION Sendra B. Mortha Secretary of State DIVISION OF CORPORATION			am e		May 14 1997 8:00am Secretary of State			
DOCUMENT # M65663 (0) DETROIT ENTERPRISES, INC. Principal Place of Business Mailing Address									
205 CENTRAL ST. PETERSBU US	AVENUE JRG FL 33701-3314	• :	205 CENTRAL AVENUE ST. PETERSBURG FL 33701-3325 US						
00		03				3. Date Incorporated or Qualified 01/25/1988		of Last Re 0/1996	eporl
2. Principal F	Place of Business	2a, Mailing Address			· - · · · - — — · · · · · · · · · ·	4. FEI Number		Ap	oplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-2839392		\$8.75 A	ot Applicable
22		27				5. Certificate of Status Desired		Fee Re	
City & Stat	de	City & State			a an essential and an administrative	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
Zip	Country	Zip	Cot	intry		8. This corporation has liability for	ntangible ta	ex under s.	
24	25 9. Name and Address of Curre	29 ant Posistered Agent	30	1		Florida Statutes 10. Name and Address of New Re	Yes 🔲		
DAD	NES, ROBERT	ent tradistator Adam		81	Name	IV. Name and Address of New Ne	gistered A	jenii	
	SECOND STREET NORTH			82	Stront Add	ess (P.O. Box Number is Not Acceptat	ded		
	PETERSBURG FL 33733			02	Sirce Addi	ess (F.O. pox nomber is not Acceptar			
				83					
				84	City	// / No. 411 / N	<u></u>	85 Zip (Code
11. Pursuent	to the provisions of Sections 607 0	502 and 607 1508. Florida Statute	s the a] bave	named com	poration submits this statement for the p	FL wrose of c	hanging it	s registered
office or a	registered agent, or both, in the Sta am familiar with, and accept the obt	te of Horida. Such change was a	uthorize	d by	the corporat	ion's board of directors. I hereby accept	ot the appoi	ntment as	registered
SIGNATURE	arrivarimar with, and elocopic the open	igations of occiton corresponding	neac Oice	ioics					
	Signature, typed or printed name of registered a			d Age	it signature requir	ed when reinstating)	DATE	NOFOTOE	20 11/10
12.	DITICERS A	ND DIRECTORS	18. 1.1 T	ITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition (6)
NAME	BARNES, ROBERT		12 N				_	_ change	7
STREET ADDRESS	1831 NEBRASKA AVENUE N	Ē	1.3 S	TREET	ADDRESS				CR2E034
CITY-ST-ZIP	ST. PETERSBURG FL		14 C	ITY- ST	- Z)P				B
TITLE	VP	☐ DELÉTE	211	ILL				Change	Addition O
NAME	PENDERGAST, WILLIAM 1600 NORTHSHORE DRIVE I	AIE .	22 N						
STREET ADDRESS	ST. PETERSBURG FL	AC .			ADDRESS				
CITY-ST-ZIP TITLE	T DHETE			2 4 CHY+S)+ZIP 31 HHLF			T	Change	Addition
NAME	BRYANT, EUGENE		32 N				_	_ 0	
STREET ADDRESS	1417 BEACH DRIVE NE		33 S	TREET .	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL	····	34.0	лү-ѕ	T-ZIP				
TITLE		☐ DELETE	4 1 T				L	Change	l Addition
NAME CTOCCT ABODECE			4.21		*DESCRIP				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	9.8.0 51 I	11 Y - \$1 11 L F	- ¢ If.			Change	Addition
NAME			5.2 N				_	-	
STREET ADDRESS			53S	TREET.	ADDRESS				
CITY-ST-ZIP			540	HY- \$1	- 7 P				
TITLE		☐ DELFTE	6.1 T					Change	Addition
NAME OTREET ADDRESS			6.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u> </u>		D.4 €	11Y-S1	1-711				

14. Ido 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 supplemental 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 receiver 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 attachment with an address.