


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90001 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M77113**

1. Corporation Name  
**PHM REALTY, INC.**

Principal Place of Business 33 BLOOMFIELD HILLS PKW STE 200 BLOOMFIELD HILLS MI 48304	Mailing Address 33 BLOOMFIELD HILLS PKW STE 200 BLOOMFIELD HILLS MI 48304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>04/19/1988</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2884802</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>COMEGYS, LAWRENCE S.</b>
STREET ADDRESS	<b>1509 W. SWANN AVE., #240</b>
CITY-ST-ZIP	<b>TAMPA FL 33606</b>
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE
NAME	<b>STOLLER, JOHN R</b>
STREET ADDRESS	<b>33 BLOOMFIELD HILLS PKWY</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>BOYD, CALVIN R.</b>
STREET ADDRESS	<b>33 BLOOMFIELD HILLS PKWY., #200</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48304</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>ROBINSON, BRUCE E.</b>
STREET ADDRESS	<b>33 BLOOMFIELD HILLS PKWY., #200</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48304</b>
TITLE	<b>DTCC</b> <input type="checkbox"/> DELETE
NAME	<b>FREES, VINCENT J</b>
STREET ADDRESS	<b>33 BLOOMFIELD HILLS PKY.,STE.200</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48304</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>ZUKOFF, COLETTE R</b>
STREET ADDRESS	<b>33 BLOOMFIELD HILLS PKWY, SUITE 200</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>D/V/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Stoller, John R.</b>
2.3 STREET ADDRESS	<b>33 Bloomfield Hills Pkwy., Ste. 200</b>
2.4 CITY-ST-ZIP	<b>Bloomfield Hills, MI 48304</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>AS/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Robinson, Bruce E.</b>
4.3 STREET ADDRESS	<b>33 Bloomfield Hills Pkwy., #200</b>
4.4 CITY-ST-ZIP	<b>Bloomfield Hills, MI 48304</b>
5.1 TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Frees, Vincent J.</b>
5.3 STREET ADDRESS	<b>33 Bloomfield Hills, Pkwy., #200</b>
5.4 CITY-ST-ZIP	<b>Bloomfield Hills, MI 48304</b>
6.1 TITLE	<b>AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Zukoff, Colette R.</b>
6.3 STREET ADDRESS	<b>33 Bloomfield Hills Pkwy., #200</b>
6.4 CITY-ST-ZIP	<b>Bloomfield Hills, MI 48304</b>

14. I 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Calvin Boyd* **4/12/99** 248-644-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)