FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

. 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15107 (8)

1. Corporation Name

ENTERPRISE CENTER BUSINESS PARK ASSOCIATION, INC

Principal Place of Business	Mailing Address
6850 NINETEEN MILE RD. STERLING HEIGHTS MI 48314	6850 NINETEEN MILE RD. STERLING HEIGHTS MI 48314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1986

3a. Date of Last Report: 05/03/1994

4. FEI Number: 38-2713059 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

MANCINI, DAVID A
2601 NW 48TH STREET
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	JANKOWSKI, PAUL C JR.	12 NAME		
STREET ADDRESS	6850 NINETEEN MILE RD.	13 STREET ADDRESS		
CITY-ST-ZIP	STERLING HEIGHTS MI 48314	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	Secretary/Treasurer/Director	☒ Change ☐ Addition
NAME	JANKOWSKI, LISA	22 NAME		
STREET ADDRESS	6850 NINETEEN MILE RD.	23 STREET ADDRESS		
CITY-ST-ZIP	STERLING HEIGHTS FL 48314	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	Assistant Secretary/Director	☒ Change ☐ Addition
NAME	MANCINI, DAVID A	32 NAME		
STREET ADDRESS	2601 NW 48TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33073	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	MANCINI, DANIEL C	42 NAME		
STREET ADDRESS	2601 NW 48TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33073	44 CITY-ST-ZIP		
TITLE	Director	51 TITLE		☐ Change ☐ Addition
NAME	Mancini, Steven M	52 NAME		
STREET ADDRESS	6850 Nineteen Mile	53 STREET ADDRESS		
CITY-ST-ZIP	Sterling Heights, Mi 48314	54 CITY-ST-ZIP		
TITLE	Director	61 TITLE		☐ Change ☐ Addition
NAME	Mancini, Edward	62 NAME		
STREET ADDRESS	6850 Nineteen Mile	63 STREET ADDRESS		
CITY-ST-ZIP	Sterling Heights, Mi 48314	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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven Jankowski, Secretary 4/8/95 810 739-5310

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0074423