

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N15107 (8)**  
1. Corporation Name  
**ENTERPRISE CENTER BUSINESS PARK ASSOCIATION, INC**

cc T9



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

Mailing Address  
**6850 NINETEEN MILE RD.  
STERLING HEIGHTS MI 48314**

3. Date Incorporated or Qualified **05/27/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>58-2176194</b>		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

## 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANKOWSKI, PAUL C JR.	1.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING HEIGHTS MI 48314	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANKOWSKI, LISA	2.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING HEIGHTS FL	2.4 CITY - ST - ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, DAVID A	3.2 NAME	
STREET ADDRESS	2601 NW 48TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, DANIEL C	4.2 NAME	
STREET ADDRESS	2601 NW 48TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, STEVEN M	5.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE	5.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING HEIGHTS MI	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, EDWARD	6.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE	6.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING HEIGHTS MI	6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 810-739-5210

CR2E037 (12/95)