## FILE NOW: FILING FEE IS \$61.25

CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplies indicated on this annual report of supplem officer or director of the corporation or the Block 12 or Block 13 if changed, or on age.

May 13 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #**1. Corporation Name N15107 (8)ENTERPRISE CENTER BUSINESS PARK ASSOCIATION, INC. Principal Place of Business Mailing Address 6850 NINETEEN MILE RO. 6850 NINETEEN MILE RD. 3. Date Incorporated or Qualified STERLING HEIGHTS MI 48314 STERLING HEIGHTS MI 48314 05/27/1986 4. FEI Number Applied For 58-2176194 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 2601 NW Fee Required Sulte, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 HOMPANO Yes Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MANCINI MANCINI, DAVID A 82 2601 NW 48TH STREET 83 POMPANO BEACH FL 33073 A ompano Beach 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. 7 Um SIGNATURE d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE JANKOWSKI, PAUL C JR. 1.2 NAME NAME 6850 NINETEEN MILE RD. STREET ADDRESS 1.3 STREET ADDRESS STERLING HEIGHTS MI 48314 CITY - ST- 21P 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE STD JANKOWSKI, LISA 2.2 NAME NAME 6850 NÎNETÉEN MILE RD. STREET ADDRESS 2.3 STREET ADDRESS STERLING HEIGHTS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE MANCINI, DAVID A NAME 3.2 NAME 2601 NW 48TH ST. STREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MANCINI, DANIEL C NAME 4.2 NAME 2601 NW 48TH ST. STREET ADDRESS 4.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

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d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information that appual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an acceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in attaching it with an address.

(810) 739-5210

FILED