FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P01718** **(6)**

1. Corporation Name
DAMONE/ANDREW INVESTMENT CO.

Principal Place of Business	Mailing Address
850 STEPHENSON HWY.. SUITE 600 SUITE #200 TROY MI 48083 US	850 STEPHENSON HWY.. SUITE 600 SUITE #200 TROY MI 48083 US

2. Principal Place of Business	2a. Mailing Address
21 850 STEPHENSON HWY	26 850 STEPHENSON
Suite, Apt. #, etc. 22 SUITE # 200	Suite, Apt. #, etc. 27 SUITE # 200
City & State 23 TROY MI	City & State 28 TROY MI
Zip 24 48083 Country 25	Zip 29 48083 Country 30

3. Date Incorporated or Qualified: **04/23/1984**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **38-2526899** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TROCKE, MICHAEL T.
101 E. KENNEDY BOULEVARD
SUITE 2500
TAMPA FL 33602

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 607.1505, 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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DAMONE, MICHAEL G.	
STREET ADDRESS	1258 WATER CLIFF DR.	
CITY-ST-ZIP	BLOOMFIELD MI	
TITLE	VSD	☐ DELETE
NAME	ANDREW, DANIEL R.	
STREET ADDRESS	16728 PARKLANE DRIVE	
CITY-ST-ZIP	LIVONIA MI	
TITLE	TSD	☐ DELETE
NAME	DAMONE, MICHEAL G	
STREET ADDRESS	1258 WATER CLIFF DR	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	V	☐ DELETE
NAME	RABBIDEAU, RICHARD E	
STREET ADDRESS	400 RENAISSANCE CENTER , 35TH FLOOR	
CITY-ST-ZIP	DETROIT MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Michael G. Damone 4/26/96 810-583-6020

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