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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01718 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

DAMONE/ANDREW INVESTMENT CO.

| Principal Place of Business 850 STEPHENSON HWY SUITE #200 | | Mailing Address 850 STEPHENSON SUITE #200 | | | | | | - | | | |
|---|---|---|-----------------|------------------------------------|--------------------|--|----------------------------------|------------|---------|------------|--|
| | | | | | | - | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| TROY MI 48083 | | 1ROY MI 48083 US | TROY MI 48083 | | | | 3. Date Incorporated or Qualifed | | | | |
| U\$ | | 00 | | | | 04/23/1984 | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applic | ed For | |
| 21 | | 26 | | | | 38-2526899 | | | Not A | pplicable | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | \$8.75 Additional | | | | | |
| 22 27 | | | | | | 5. Certifcate of Status Desired | | Fee | Requ | ired | |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing S5.00 May Be | | | | | |
| 23 | | 28 | 8 | | | Trust Fund Contribution | | | ed to F | | |
| Zip | Country | Zip Country | | | | 8. This corporation owes the curr | ent year Int | tangible | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | · | Yes | | No | |
| 1 | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New F | tegistered | Agent | | | |
| | | | 8 | 11 | Name | | | | | | |
| TROCKE, MICHAEL T. | | | 9 | 2 | Stroot Addro | Address (P.O. Box Number is Not Acceptable) | | | | | |
| | e. Kennedy Boulevard | | " | <u>'</u> | Stieet Addie | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUIT | E 2500 | | 8 | 3 | | | | | | | |
| TAM | PA FL 33602 | | <u> </u> | _ | | | | | | | |
| | | | 8 | 4 | City | | FL | 85 2 | Zip Coc | ie . | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the abo | ve- | named corpo | ration submits this statement for the | purpose of | changing | its re | gistered | |
| office or r | egistered agent, or both, in the State | of Florida. Such change was au | thorized b | y tr | he corporation | n's board of directors. I hereby accep | t the appo | intment as | s regis | tered | |
| agent. I a | m familiar with, and accept the obligat | tions of, Section 607.0505, Flori | ua Statute | 35. | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE: F | Registered Ag | ent s | signature required | when reinstating) | DATE | | | | |
| 12. | OFFICERS AN | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS A | ND DIREC | TORS | IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | : | | | ., | Chan | ge | Addition | |
| NAME | DAMONE, MICHAEL G. | | 1.2 NAME | E | | | | | | | |
| STREET ADDRESS | 1258 WATER CLIFF DR. | | 1.3 STRE | ETA | ADDRESS | | | | | | |
| CITY-ST-ZIP | BLOOMFIELD MI | | 1.4 CITY-ST-ZIP | | 7IP | | | | | | |
| TITLE | VSD | | | 2.1 TITLE | | | | ☐ Chan | ge | Addition | |
| NAME | ANDREW, DANIEL R. | | | 2.2 NAME | | | | | | | |
| | 16728 PARKLANE DRIVE | | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | | | | | |
| STREET ADDRESS | LIVONIA MI | | | | | | | | | | |
| CITY-ST-ZIP | TSD DELETE | | | -S1- | - LIF | | | ☐ Chan | ge | Addition | |
| TITLE | | | | E | | | | | - | | |
| NAME | 5. and 12. in a 12. 2 | | | | LODDECC | | | | | | |
| STREET ADDRESS | 1258 WATER CLIFF DR | | | 3.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY-ST-ZIP 4.1 TITLE | | | | [] Chan | nge | ☐ Addition | |
| TITLE | _ | | | | | | | Citati | Ac. | A0000011 | |
| NAME | RABBIDEAU, RICHARD E | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | 400 RENAISSANCE CENTER , : | SOIH FLOOR | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | DETROIT MI | | 4.4 CITY | | ZIP | | | | | And the - | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | Chan | .ge | Addition | |
| NAME | | | 5.2 NAMI | | | | | | | | |
| STREET ADDRESS | | | 5.3 STRE | ET A | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | . | | Chan | ige | ☐ Addition | |
| NAME | | | 6.2 NAM | E | | | | | | | |
| OTDEET ADDRESS | | | 6.3 STR | ETA | ADDRESS | | | | | | |

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 trustile empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90238 043 ***150.00