


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06234 (9)
 1. Corporation Name
BESSER COMPANY



Principal Place of Business 801 JOHNSON STREET ALPENA MI 49707	Mailing Address 801 JOHNSON STREET ALPENA MI 49707
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 05/30/1985	
4. FEI Number 38-0346640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, JAMES C	1.2 NAME	
STREET ADDRESS	801 JOHNSON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPENA MI	1.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBUCKLE, JAMES E	2.2 NAME	
STREET ADDRESS	801 JOHNSON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALPENA MI	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSEX, AMY E	3.2 NAME	
STREET ADDRESS	801 JOHNSON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALPENA MI	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEMENAPP, HAROLD A	4.2 NAME	
STREET ADDRESS	3001 HARBOR PLACE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLARI SHORES MI	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUZZY, RICHARD W	5.2 NAME	
STREET ADDRESS	PO BOX 2099 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLAND MI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, KIMBLERY A	6.2 NAME	
STREET ADDRESS	ONE MERCK DRIVE, WS3C90	6.3 STREET ADDRESS	
CITY-ST-ZIP	WHITEHOUSE STATION NH	6.4 CITY-ST-ZIP	

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 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: *Amy E. Essex* 11 Jan 98 (517) 354 1059

CR2E034 (10/97)