

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90207 018 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P06611**

1. Corporation Name  
**WATERFRONT MOTELS, INC.**



Principal Place of Business  
**1533 NORTH WOODWARD SUITE 240 BLOOMFIELD HILLS MI 48304**

Mailing Address  
**1533 NORTH WOODWARD SUITE 240 BLOOMFIELD HILLS MI 48304**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 121 W. Long Lake Rd.**

2a. Mailing Address  
**26 121 W. Long Lake Rd.**

3. Date Incorporated or Qualified  
**07/01/1985**

4. FEI Number  
**38-2601370**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.  
**Third Floor**

27 Suite, Apt. #, etc.  
**Third Floor**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 City & State  
**Bloomfield Hills, MI**

28 City & State  
**Bloomfield Hills, MI**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Zip Country  
**48304-2720 USA**

29 Zip Country  
**48304-2720 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<b>TVD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUFMAN, STUART</b>	1.2 NAME	
STREET ADDRESS	<b>1533 NORTH WOODWARD #240</b>	1.3 STREET ADDRESS	<b>121 W. Long Lake Road, Third Floor</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI</b>	1.4 CITY-ST-ZIP	<b>Bloomfield Hills, MI 48304-2720</b>
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDS, DALE G.</b>	2.2 NAME	
STREET ADDRESS	<b>1533 NORTH WOODWARD #240</b>	2.3 STREET ADDRESS	<b>121 W. Long Lake Road, Third Floor</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI</b>	2.4 CITY-ST-ZIP	<b>Bloomfield Hills, MI 48304-2720</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, ELWOOD</b>	3.2 NAME	
STREET ADDRESS	<b>1533 NORTH WOODWARD #315</b>	3.3 STREET ADDRESS	<b>355 S. Woodward Ave., Suite 250</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI</b>	3.4 CITY-ST-ZIP	<b>Birmingham, MI 48009</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: *Dale G. Rands* **Dale G. Rands** Date **4-9-99** Daytime Phone # **248-645-1600**

CR2E034 (11/98)