

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

APR 21 AM 2:33
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P07711** (5)
 1. Corporation Name
MNC FINANCIAL SERVICES, INC.

Principal Place of Business: **27777 INKSTER RD. FARMINGTON HILLS MI 48333-9475**
 Mailing Address: **27777 INKSTER RD. P.O. BOX 2475 FARMINGTON HILLS MI 48333-9475**

2. Principal Place of Business: **21**
 State: **MI**
 City & State: **23**

26. Mailing Address: **26**
 State: **MI**
 City & State: **28**

DO NOT WRITE IN THIS SPACE

3. Date by Corporation or Qualified: **10/10/1985**
 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **38-2035663**
 Applied For: 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 ad valorem tax under 215, Florida Statutes: Yes 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
 B1 Name: _____
 B2 Street Address (P.O. Box Number is Not Acceptable): _____
 B3 _____
 B4 City: _____ **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0702 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 607.0702, Florida Statutes.

SIGNATURE: _____
 Name and Typed or Printed Name of Registered Agent or Representative: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
OFFICER	PD BARR, DONALD G. 27777 INKSTER RD. FARMINGTON HILLS MI	TYPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	SD LEONARD, ROBERT W. 27777 INKSTER RD. FARMINGTON HILLS MI	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	T BELSKY, MARC L. 27777 INKSTER RD. FARMINGTON HILLS MI	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D ZARNOCH, DAVID M 27777 INKSTER RD. FARMINGTON HILLS MI	TYPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D BLOM, JOEL F. 27777 INKSTER RD. FARMINGTON HILLS MI	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	CD WEBB, RICHARD C. 27777 INKSTER RD. FARMINGTON HILLS FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. This hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the corporation shall bear the same legal responsibility as if made under oath. That I am an officer or director of the corporation or the names of the above reported officers are the names of the officers reported to this office this report as required by Chapter 607, Florida Statutes, and that the names appears in Block 12 or Block 13 of this report or on an attachment with this report.

SIGNATURE: *Marc L. Belsky*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR: **Marc L. Belsky**
 4/15/95 810-4734264