

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

FILED
May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P12216

1. Corporation Name
ZEIDLER ROBERTS PARTNERSHIP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1133 E. MAPLES
 STE 204
 TROY MI 48083
 US**

Mailing Address
**1133 E. MAPLE
 STE 204
 TROY MI 48083
 US**

3. Date Incorporated or Qualified
11/19/1986

4. FEI Number
38-2021008

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **850 Stephenson Hwy**
 Suite, Apt. #, etc.
 22 **Suite 310**
 City & State
 23 **Troy MI**
 Zip Country
 24 **48083** 25

2a. Mailing Address
 26 **SAME**
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ZEIDLER, EBERHARD H	
STREET ADDRESS	1133 E. MAPLE, STE 204	
CITY-ST-ZIP	TROY MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEIDLER, EBERHARD H.	
STREET ADDRESS	1133 E. MAPLE, STE 204	
CITY-ST-ZIP	TROY MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRINNELL, IAN	
STREET ADDRESS	1133 E. MAPLE, STE 204	
CITY-ST-ZIP	TROY MI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, BERNICE	
STREET ADDRESS	1133 E. MAPLE, STE 204	
CITY-ST-ZIP	TROY MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	850 Stephenson Hwy Suite 310
1.4 CITY-ST-ZIP	Troy MI 48083
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	850 Stephenson Hwy Suite 310
2.4 CITY-ST-ZIP	Troy MI 48083
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	850 Stephenson Hwy Suite 310
3.4 CITY-ST-ZIP	TROY MI 48083
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	PETER WAKAYAMA
4.4 CITY-ST-ZIP	850 Stephenson Hwy Suite 310
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 with all other like empowered.

SIGNATURE: **EBERHARD ZEIDLER APR. 28/99 (248) 588-5656**

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

CR2E034 (1/98)