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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P12797

(7)

ERB BUILDING SYSTEMS COMPANY

FILED
Apr 24 1997 8:00am
Secretary of State

44 E LONG LA PO BOX 458	ce of Business AKE HILLS MI 48303-0458	Mailing Address 44 E LONG LAKE PO BOX 458 BLOOMFIELD HILLS MI	48303-0458					
US		US	U\$		3. Date Incorporated or Qualified 01/07/1987	Oualified 3a. Date of Last Report 05/21/1996		
	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	1 2012	Applied For	
Sulte, Apt.	# ato	Suite, Apt. #, etc.			38-2654913	SQ 75 Additional		
22	π, θιο.	27			5. Certificate of Status Desired	Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country		Zip			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Yes [
ΛT	9. Name and Address of Curre	ent Registered Agent	8	1 Name	10. Name and Address of New Re	gistereo A	gent	
	CORPORATION SYSTEM 0 S. PINE ISLAND ROAD			_l	Good (D.O. Day, M. Johan in Med Associated			
	NTATION FL 33324		B:		fress (P.O. Box Number is Not Acceptat	ле) ————	- ×,	
			8	3				
			8	4 City		FL	85 7ip	Code
SIGNATURE		•			nired when rear stating) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND	DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 11111				Change	Addition
NAME OTREET ADORES	ERB, FRED A. 44 EAST LONG LAKE		1.2 NAMI	1				
STREET ADORESS CITY-ST-ZIP	BLOOMFIELD HILLS MI		1.3 STRF 1.4 ClTY	F1 ADDRESS				
TITLE			2.1 TITLE		······································		Change	Addition
NAME	CRAFT, CARL		2.2 NAMI					
STREET ADDRESS	44 E LONG LAKE			E1 ADDRESS				
CITY-ST-ZIP TITLE	BLOOMFIELD HILLS MI	DELETE	2 4 C/TY 3 1 TITLE		4.2.4.		Change	Addition
NAME	ERB, JOHN M	hand Proceed	32 NAMI			,		
STREET ADDRESS	44 EAST LONG LAKE		3.3 S1R€	ET ADURESS				
CITY-\$T-ZIP	BLOOMFIELD HILLS MI	Drifts	3.4 CITY				10	
TITLE NAME		☐ DETETE	4.1 TITLE 4. 2 NAM	ſ		ι	Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CHY	}			_	
TITLE	,	DELETE	5.1 TO LE	1		I	Change	Addition
NAME			5.2 NAMI	- 1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 Crty - 6.1 Trt E				Change	Addition
NAME			6.2 NAMI	ſ		•		
STREET ADDRESS			G 3 STRE	ET ADURESS				
CITY-ST-ZIP			6.4 CITY					
14. I do here	by certify that the information supplied	ed with this filing does not qua	ality for the ex	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further	cortify 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: