

5-15-97 B-7297 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P18862** (3)
1. Corporation Name
BEZTAK CONSTRUCTION COMPANY

Principal Place of Business 31731 NORTHWESTERN HIGHWAY SUITE 201E FARMINGTON HILLS MI 48334-1654	Mailing Address 31731 NORTHWESTERN HIGHWAY SUITE 201E FARMINGTON HILLS MI 48334-1688
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 250W 22 City & State 23 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. Suite 250W 27 City & State 28 29 Zip 30 Country		3. Date Incorporated or Qualified 04/18/1988	3a. Date of Last Report 05/01/1996
				4. FEI Number 38-1976710	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LUPTAK, PAOLA M 2295 CORPORATE BLVD. N.W. #240 BOCA RATON FL 33431				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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEZNOS, HAROLD			1.2 NAME			
STREET ADDRESS	31731 NW HWY. STE. 201E			1.3 STREET ADDRESS	31731 North Western Hwy, STE 200W		
CITY-ST-ZIP	FARMINGTON HILLS MI			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUPTAK, JERRY D.			2.2 NAME	LUPTAK, JERRY D.		
STREET ADDRESS	31731 NW HWY. STE. 201E			2.3 STREET ADDRESS	31731 NW HWY, STE 200W		
CITY-ST-ZIP	FARMINGTON HILLS MI			2.4 CITY-ST-ZIP	FARMINGTON HILLS, MI		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEHR, MICHAEL J.			3.2 NAME			
STREET ADDRESS	2500 BUHL BUILDING			3.3 STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	BEZNOS, MAURICE		
STREET ADDRESS				4.3 STREET ADDRESS	31731 NORTHWESTERN HWY, STE 200W		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	FARMINGTON, HILLS, MI 48334		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	BEZNOS, NORMAN		
STREET ADDRESS				5.3 STREET ADDRESS	31731 NORTHWESTERN HWY, STE 200W		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	FARMINGTON HILLS, MI 48334		
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 do 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:  **Maurice Beznos** 4-28-97 (810) 737-6155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)