

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19974 (5)

1. Corporation Name

ONIKA CORPORATION



Principal Place of Business

C/O GEORGE A. STRAITOR
1201 PARKLANE TOWERS W.
DEARBORN MI 48126

Mailing Address

C/O GEORGE A. STRAITOR
1201 PARKLANE TOWERS W.
DEARBORN MI 48126

3. Date Incorporated or Qualified

07/08/1988

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD, RICHARD
1601 S.E. 16TH STREET
FORT LAUDERDALE FL 33316

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 type or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALANDT, PAUL	
STREET ADDRESS	635 LAKESHORE DRIVE	
CITY - ST - ZIP	GROSSE PT SHORES MI	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ALANDT, LYNN F.	
STREET ADDRESS	635 LAKESHORE DRIVE	
CITY - ST - ZIP	GROSSE PT SHORES MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALANDT, LYNN F.	
STREET ADDRESS	635 LAKESHORE DRIVE	
CITY - ST - ZIP	GROSSE PT SHORES MI	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	HEMPSTEAD, DAVID M.	
STREET ADDRESS	RENAISSANCE CENTER, FL34	
CITY - ST - ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TODD, RICHARD	
STREET ADDRESS	1601 SE 16 STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CUNDIFF, RICHARD	
STREET ADDRESS	1201 PARK LANE TOWER W.	
CITY - ST - ZIP	DEARBORN MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Richard W. Todd RICHARD W. TODD

2/13/96 954-763-4567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)