


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

FILED
Feb 17 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 # 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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1988	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 02/16/1996	
22. City & State		27. City & State		4. FEI Number 38-2807402	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TODD, RICHARD 1801 S.E. 18TH STREET FORT LAUDERDALE FL 33318			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME ALANDT, PAUL					
1.3 STREET ADDRESS 635 LAKESHORE DRIVE					
1.4 CITY-ST-ZIP GROSSE PT SHORES MI					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME ALANDT, LYNN F.					
2.3 STREET ADDRESS 635 LAKESHORE DRIVE					
2.4 CITY-ST-ZIP GROSSE PT SHORES MI					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME ALANDT, LYNN F.					
3.3 STREET ADDRESS 635 LAKESHORE DRIVE					
3.4 CITY-ST-ZIP GROSSE PT SHORES MI					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME HEMPSTEAD, DAVID M.					
4.3 STREET ADDRESS RENAISSANCE CENTER, FL34					
4.4 CITY-ST-ZIP DETROIT MI					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME TODD, RICHARD					
5.3 STREET ADDRESS 1801 SE 18 STREET					
5.4 CITY-ST-ZIP FT. LAUDERDALE FL					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME CUNDIFF, RICHARD					
6.3 STREET ADDRESS 1201 PARK LANE TOWER W.					
6.4 CITY-ST-ZIP DEARBORN MI					



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: *Richard W. Todd* RICHARD W. TODD 2/13/97 954 767-1367

CR2E034 (9/96)