Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P20372 1. Corporation Name

75 TRI-STATE INTERNATIONAL

EFFECTIVE 02/22/99

75 TRI-STATE INTERNATIONAL

2. Principal Place of Business

Summe 222

Suite, Apt. #, etc.

22

ARCADIA GENERAL INSURANCE COMPANY - NAME CHANGED TO

AMERICAN HORIZON INSURANCE COMPANY

Principal Place of Business Mailing Address 32991 HAMILTON CT 32991 HAMILTON CT **STE 100 STE 100** FARMINGTON HILLS MI 48334 **FARMINGTON HILLS MI 48334**

26

27

Suite, Apt. #, etc.

SUITE 222

2a. Mailing Address

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90099 044 ***150.00



DO NOT WRITE IN THIS SPACE	DO N	OT W	/RITE	IN.	THIS	SPACE
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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

08/05/1988 4. FEI Number

86-0551676

Zip Country Zip Zi	Country	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
4 60069 25 USA 29 60069 1	¬ •	8. This corporation owes the current year Intangible
4 0001 20 001		
Name and Address of Current Registered Agent	30 05/2	Personal Property Tax.
		10. Name and Address of New Registered Agent
ELODIDA INGLIDANOS COMMISSIONIS	81 Name	
FLORIDA INSURANCE COMMISSIONER	82 Street	Address (P.O. Box Number is Not Acceptable)
THE CAPITOL		<u> </u>
TALLAHASSEE FL 32301	83	
	84 City	85 Zip Code
•	[],	FL " _ '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.	thorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: 1	Registered Agent signature	required when reinstating) DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P ADELETE	1.1 TITLE	C/D ⊠Change □ Addition
NAME BRUCKERT, RONALD L	1.2 NAME	TIBBITTS JR., RAYMOND W.
STREET ADDRESS 32991 HAMILTON CT STE 100	1.3 STREET ADDRESS	75 TRI-STATE INTERNATIONAL OFFICE CENTER, SUITE Z
CITY-ST-ZIP FARMINGTON HILL MI 48334	1.4 CITY-ST-ZIP	LINCOLNSHIPE IL 60069
TITLE V DELETE	2.1 TITLE	P/D Change Addition
NAME ANDERSON, KIRK	22 NAME	BLOCKER CURTIS L.
STREET ADDRESS 32991 HAMILTON CT STE 100	2.3 STREET ADDRESS	i ·
CITY-ST-ZIP FARMINGTON HILL MI 48334	2, 4 CiTY-ST-ZiP	(SAME)
TITLE SD DELETE	3.1 TITLE	V/D ☐ Change ☐ Addition
NAME SHOOP, DEBORAH M	3.2 NAME	MUSGRAVE CRAIG G.
STREET ADDRESS 32991 HAMILTON CT STE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP FARMINGTON HILL MI 48334	3.4. CITY-ST-ZIP	(SAME)
TITLE TD DELETE	4.1 TITLE	V/D Change Addition
NAME TITUS, TIMOTHY J	4.2 NAME	CARTER, SCOTT
STREET ADDRESS 32991 HAMILTON CT STE 100	4.3 STREET ADDRESS	CALICA, 1
CITY-ST-ZIP FARMINGTON HILLS MI 48334	4.4 CITY-ST-ZIP	(SAME) T S D □ Change □ Addition
TITLE DELETE	5.1 TITLE	T S D Change Addition
NAME	5.2 NAME	RESNICK, MYRON J.
STREET ADDRESS	5.3 STREET ADDRESS	(
CITY-ST-ZIP	5.4 CITY-ST-ZIP	(SAME)
TITLE DELETE	6.1 TITLE	Change Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accur	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

QUIRECCURTIS L. BLOCKER

4/28/99

(847) 236 - 9230

CRZE034 (11/98)

Daytime Phone #