

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

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21792 (7)

1. Corporation Name
JSJ INDUSTRIAL CORPORATION



Principal Place of Business 700 ROBBINS ROAD GRAND HAVEN MI 49417	Mailing Address 700 ROBBINS ROAD GRAND HAVEN MI 49417-2603
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/16/1988	3a. Date of Last Report 03/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 38-1941886	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	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

CLARE, PAUL D
1327 US #1
ORMOND BCH FL 32174

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P. O. Box Number is Not Acceptable)

B3

B4 City **FL** **B5** 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

TITLE	PD <input type="checkbox"/> DELETE
NAME	TAYLOR, PHILIP E
STREET ADDRESS	700 ROBBINS ROAD
CITY - ST - ZIP	GRAND HAVEN MI
TITLE	V <input type="checkbox"/> DELETE
NAME	METZGER, MICHAEL D
STREET ADDRESS	700 ROBBINS ROAD
CITY - ST - ZIP	GRAND HAVEN MI
TITLE	VT <input type="checkbox"/> DELETE
NAME	OZARK, EDWARD L
STREET ADDRESS	700 ROBBINS ROAD
CITY - ST - ZIP	GRAND HAVEN MI
TITLE	SD <input type="checkbox"/> DELETE
NAME	JOHNSON, DONALD A
STREET ADDRESS	700 ROBBINS ROAD
CITY - ST - ZIP	GRAND HAVEN MI
TITLE	C <input type="checkbox"/> DELETE
NAME	JOHNSON, F MARTIN
STREET ADDRESS	700 ROBBINS ROAD
CITY - ST - ZIP	GRAND HAVEN MI
TITLE	AS <input type="checkbox"/> DELETE
NAME	MCCALLUM, CHARLES E
STREET ADDRESS	700 ROBBINS RD
CITY - ST - ZIP	GRAND HAVEN 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 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: *Michael D. Metzger* **Michael D. Metzger** **02/21/97** **(616) 842-6350**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)