

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/16/1988	
4. FEI Number 38-1941886		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TAYLOR, PHILIP E		1.2 NAME				
STREET ADDRESS	700 ROBBINS ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	GRAND HAVEN MI		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	METZGER, MICHAEL D		2.2 NAME				
STREET ADDRESS	700 ROBBINS ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	GRAND HAVEN MI		2.4 CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OZARK, EDWARD L		3.2 NAME				
STREET ADDRESS	700 ROBBINS ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	GRAND HAVEN MI		3.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	JOHNSON, DONALD A		4.2 NAME	Sherwood, Lynne			
STREET ADDRESS	700 ROBBINS ROAD		4.3 STREET ADDRESS	700 Robbins Road			
CITY-ST-ZIP	GRAND HAVEN MI		4.4 CITY-ST-ZIP	Grand Haven, MI 49417			
TITLE	C	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHNSON, F MARTIN		5.2 NAME				
STREET ADDRESS	700 ROBBINS ROAD		5.3 STREET ADDRESS				
CITY-ST-ZIP	GRAND HAVEN MI		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCCALLUM, CHARLES E		6.2 NAME				
STREET ADDRESS	700 ROBBINS RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	GRAND HAVEN MI		6.4 CITY-ST-ZIP				

14. I 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 (616) 842-6350

CP2E034 (10/97)