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FILED  
May 06 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 # P23555 (6)

1. Corporation Name

WADE-TRIM/ASSOCIATES, INC.

Principal Place of Business

25185 GODDARD ROAD  
TAYLOR MI 48180

Mailing Address

25185 GODDARD ROAD  
TAYLOR MI 48180-3923



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/23/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

38-1802386

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GILDERSLEEVE, DAVID B.  
4919 MEMORIAL HWY,  
SUITE 200  
TAMPA FL 33624

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent, and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS             | CITY-ST-ZIP | DELETE                              |
|-------|-------------------|----------------------------|-------------|-------------------------------------|
| V     | LAMKIN, HERB      | 25185 GODDARD<br>TAYLOR MI |             | <input type="checkbox"/>            |
| V     | ROBERTS, GLEN     | 25185 GODDARD<br>TAYLOR MI |             | <input checked="" type="checkbox"/> |
| VD    | COLEMAN, MARK     | 25185 GODDARD<br>TAYLOR MI |             | <input type="checkbox"/>            |
| V     | DONNOLLY, DONOVAN | 25185 GODDARD<br>TAYLOR MI |             | <input type="checkbox"/>            |
| V     | BARBER, JOHN      | 25185 GODDARD<br>TAYLOR MI |             | <input type="checkbox"/>            |
| V     | LOMAKO, NICK      | 25185 GODDARD<br>TAYLOR MI |             | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE                                                                                                                                            | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Donald Zdyrski

Donald Zdyrski

313-455-5900

Date 4-25-97 Daytime Phone

CR2E034 (9/96)