FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation I SPECT		` '				
Principal Place of	of Business	Mailing Address				F TIME MANNY MINNY MEN'N MINNY MANNY ANDRY CHROL
		3525 CAPITAL CITY BL	.VD.			
PO BOX 120X LANSING MI		PO BOX 12030 LANSING MI 48901-203	n			
US W	40301-2030	US 40301200	~		3. Date Incorporated or Qualified 05/19/1989	3a. Date of Last Report 10/12/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
20		26			38-2866264	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
3		28			Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country	/	8. This corporation has liability for it	
4	25	29	30		Florida Statutes Yes 10. Name and Address of New R	
	9. Name and Address of Curre	nt Registered Agent	81	Name	ID. Haille alla Address of Not I	agistorea rigani
SHEVOCK, JOHN P			-	l	ID O. Boy Number is Not Acceptab	IA)
2455 EA		82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
SUITE 807			83			
	AUDERDALE FL 33304		84	City		85 Zip Code
				,		FL T
or registere familiar with	ed agent, or both, in the State of Floi h, and accept the obligations of, Sec	rida, Such change was authorize ction 607.0505, Florida Statutes.	ed by the corp	poration's Doar	ation submits this statement for the pur of directors. I hereby accept the appo	omment as registered agent. Fam
	Signature typed or printed name of registered age	nt and trile if applicable (NOT ND DIRECTORS	E: Registered Age	ent signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	IGERS AND DIRECTORS IN 12
12.	PD	DELETE				☐ Change ☐ Addition
NAME	DEMMER, WILLIAM A.		1.2 NAME			
STREET ADDRESS	6311 PINE HOLLOW		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	E. LANSING MI 48823		1.4 CITY-	ST-ZIP		
TITLE	STD DELETE		2 1 TITLE			Change Addition
NAME	DEMMER, JOHN E.	040	2.2 NAME			
STREET ADDRESS	2106 TECUMSEH RIVER RI	UAU		T ADDRESS		
CITY-ST-ZP	LANSING MI	DELETE	24 CHY- 3 1 TITLE			Change Addition
TITLE NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4 CITY			
TITLE		☐ DELETE	4. 1 TITLE			Change Addition
NAME			4.2 NAME	:		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY - S1 - ZIP			4.4 CITY-	·ST · ZiP		
THILE		☐ DELETE	5 1 THTLE			Change Addition
NAME			5.2 NAME			
STREFT ADDRESS			- 1	ET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - 6. 1 TITLE			Change Addition
THILE		Попп	6.2 NAME	į		
NAME STATES ADDRESS				ET ADDRESS		
STREET ADDRESS			6.3 SINC			
C(1Y-ST-Z(P 14. I do hereb	y certify that the information supplied	d with this filing is voluntarily furn			for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that oath; that appears in	t the information indicated on this an I am an officer of director of the corp i Block 12 or Block 13 if changeti.	inual report or supplemental ann poration or the receiver or truste r of an attachment with an addr	uat report is t e empowered ress.	rue and accur d to execute th	for the exemption stated in Section 11st atte and that my signature shall have the is report as required by Chapter 607, F	same legal enect as it made under lorida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1996 (517) 321-3600

Date Description:

CR2E034 (12/95)