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Apr 25 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 # P24815 (3)
 1. Corporation Name
INDEPENDENCE ONE FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
27777 INKSTER ROAD FARMINGTON HILLS MI 48334
27777 INKSTER ROAD FARMINGTON HILLS MI 48334-5326

3. Date Incorporated or Qualified **06/15/1989** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **27777 Inkster Road** 26 **P.O. Box 9065**

4. FEI Number **23-2168447** Applied For Not Applicable

22 **MC 10-98** Suite, Apt #, etc. 27 **MC 10-98** Suite, Apt #, etc.
 City & State City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country
 24 **48334 U.S.A.** 29 **48333 U.S.A.**

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDT <input checked="" type="checkbox"/> DELETE
NAME	KEBLER, IRVIN
STREET ADDRESS	27777 INKSTER ROAD
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	PTAS <input type="checkbox"/> DELETE
NAME	WILHELM, OTTO
STREET ADDRESS	27777 INKSTER ROAD
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	ZIEMBIEC, SABRINA
STREET ADDRESS	27777 INKSTER ROAD
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	CD <input type="checkbox"/> DELETE
NAME	MOLNER, FREDERICK
STREET ADDRESS	27777 INKSTER ROAD
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	48334
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BROWN, ROBERT C.
3.3 STREET ADDRESS	27777 Inkster Road
3.4 CITY-ST-ZIP	Farmington Hills, MI 48334
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	48334
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LENZ, BRUCE
5.3 STREET ADDRESS	27777 Inkster Road
5.4 CITY-ST-ZIP	Farmington Hills, MI 48334
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BYRNE, WILLIAM
6.3 STREET ADDRESS	27777 Inkster Road
6.4 CITY-ST-ZIP	Farmington Hills, MI 48334

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: *[Signature]* **OTTO WILHELM, PRESIDENT** **4/9/97** **(810) 473-3076**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)