

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P25307 (0)

1. Corporation Name

INLAND WATERS POLLUTION CONTROL, INC.



Principal Place of Business

2021 S. SCHAEFER  
DETROIT MI 48217-1239

Mailing Address

2021 S. SCHAEFER  
DETROIT MI 48217-1239

3. Date Incorporated or Qualified

07/25/1989

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
% 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

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCARTHY, TIMOTHY	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY - ST - ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRITCH, LAWRENCE	
STREET ADDRESS	2021 S. SCHAEFER	
CITY - ST - ZIP	DETROIT MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOAVE, ANTHONY L.	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY - ST - ZIP	DETROIT MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT L.	
STREET ADDRESS	2021 S. SCHAEFER	
CITY - ST - ZIP	DETROIT MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANCZAK, RICHARD	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY - ST - ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAUGHN, J.J.	
STREET ADDRESS	2021 S. SCHAEFER HWY.	
CITY - ST - ZIP	DETROIT 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 checked="" type="checkbox"/> Addition
2.2 NAME	John A. Forrester
2.3 STREET ADDRESS	2021 S. Schaefer
2.4 CITY - ST - ZIP	Detroit, MI
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Williams
3.3 STREET ADDRESS	2021 S. Schaefer
3.4 CITY - ST - ZIP	Detroit, MI
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)