

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375

**APPROVED
AND
FILED**

94 JUN 21 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P28052** (9)

1. Corporation Name
DETROIT DIESEL REALTY, INC.

Mailing Address: **13400 OUTER DRIVE. W. DETROIT MI 48239**
 Principal Place of Business: **13400 OUTER DRIVE. W. DETROIT MI 48239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/02/1990**
 3a. Date of Last Report: **03/18/1993**

2. Mailing Address		2a. Principal Place of Business		4. FEI Number		Applied For	
21		26		38-2896212		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
22		27		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Nonprofit with IRS 501(c)(3) Tax Exempt Status		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

If above addresses are incorrect in any way, line through incorrect information and enter correction below

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of agent

NOTE: Registered Agent signature required when registering

(11)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
1.1 TITLE	P/D	1.1 TITLE	
1.2 NAME	KOCI, LUDVIK F.	1.2 NAME	
1.3 STREET ADDRESS	13400 OUTER DRIVE W	1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	DETROIT MI	1.4 CITY- ST- ZIP	
2.1 TITLE	V/D	2.1 TITLE	
2.2 NAME	GRUBB, LELAND L., JR.	2.2 NAME	
2.3 STREET ADDRESS	13400 OUTER DRIVE W	2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	DETROIT MI	2.4 CITY- ST- ZIP	
3.1 TITLE	S	3.1 TITLE	v/s
3.2 NAME	FARMER, JOHN F.	3.2 NAME	
3.3 STREET ADDRESS	13400 OUTER DRIVE W	3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	DETROIT MI	3.4 CITY- ST- ZIP	
4.1 TITLE	T/D	4.1 TITLE	Vice President and Treasurer
4.2 NAME	DWORACK, NELSON A.	4.2 NAME	XXXXXXXXXXXXXXXXXXXX
4.3 STREET ADDRESS	13400 OUTER DRIVE W	4.3 STREET ADDRESS	** NO LONGER A DIRECTOR**
4.4 CITY- ST- ZIP	DETROIT MI	4.4 CITY- ST- ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP		5.4 CITY- ST- ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP		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 199.032(1), Florida Statutes. I further certify that the information indicated on the 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 make this report as required by Chapter 199 of Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

John F. Farmer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John F. Farmer

6-10-94

313 592 7111

Date

Telephone