

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28388 (7)
1. Corporation Name
HOLNAM INC.



Principal Place of Business 6211 N. ANN ARBOR RD. P.O. BOX 122 DUNDEE MI 48131	Mailing Address 6211 N. ANN ARBOR RD. P.O. BOX 122 DUNDEE MI 48131-0122
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3. Date Incorporated or Qualified 03/06/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 38-2943735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. # etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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, 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 _____

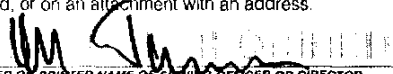
12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMSTUTZ, MAX D.	
STREET ADDRESS	6211 N ANN ARBOR RD	
CITY- ST- ZIP	DUNDEE MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YHOUSE, PAUL	
STREET ADDRESS	6211 N ANN ARBOR RD	
CITY- ST- ZIP	DUNDEE MI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MOIR, ROBERT J.	
STREET ADDRESS	6211 N ANN ARBOR RD.	
CITY- ST- ZIP	DENVER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKS, ROBERT F.	
STREET ADDRESS	6211 N ANN ARBOR RD	
CITY- ST- ZIP	DUNDEE MI	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BYLAND, PETER	
STREET ADDRESS	ZURCHERSTRASSE 170	
CITY- ST- ZIP	JONA, SWITZERLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHRAFL, ANTON E.	
STREET ADDRESS	TALSTRASSE 83	
CITY- ST- ZIP	ZURICH, SWITZERLAND	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	See Attached
14 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kent D. Jensen, Treasurer - VP Tax
Date _____ Daytime Phone # **(313) 529-2411**
0480168

CR2E034 (9/96)