

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 7:25

STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P35832

Corporation Name

FNW Capital, Inc.

Principal Place of Business

Mailing Address

39555 Orchard Hill Place Dr
Novi, MI 48375

P.O. Box 33287
Detroit, MI 48232-5287

000001481110

-05/09/95--01103--013

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/91 3a. Date of Last Report 05/01/94

4. FEI Number 36-3406534 Applied For Not Applicable

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mark J. Ragusa Esq.
201 E. Kennedy Blvd.
Suite 1000
Tampa, FL 33602

81 Name Robert G Wing
82 Street Address (P.O. Box Number is Not Acceptable) NBD Bank, FSB
83 1320 Venice Ave. East
84 City Venice FL 85 Zip Code 34292

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME Edward Tinsley
STREET ADDRESS 39555 Orchard Hill Place Dr
CITY- ST- ZIP Novi, MI 48375

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE V
NAME Harold R. Pehlke
STREET ADDRESS One NBD Plaza
CITY- ST- ZIP MT. Prospect, IL 60056

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE V
NAME Kevin Walsh
STREET ADDRESS One NBD Plaza
CITY- ST- ZIP MT. Prospect, IL 60056

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE T/S
NAME Donald Holbel
STREET ADDRESS 39555 Orchard Hill Place Dr
CITY- ST- ZIP Novi, MI 48375

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE D
NAME James R Lancaster
STREET ADDRESS One NBD Plaza
CITY- ST- ZIP MT. Prospect, IL 60056

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(3)(h), 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:

Donald Holbel Treasurer

4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR