

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 16 1997 8:00am
Secretary of State

DOCUMENT # P38927

(0)

1. Corporation Name

MICHIGAN LAKESHORE COMPANY

Principal Place of Business

P.O. BOX 4010
EAST LANSING MI 48826

Mailing Address

P.O. BOX 4010
EAST LANSING MI 48826-4010



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1992		3a. Date of Last Report 03/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 38-1794456		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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	V	11 TITLE	D
NAME	FOOTE, KENNETH J.	12 NAME	
STREET ADDRESS	EAST LANSING MI	13 STREET ADDRESS	
CITY-ST-ZIP	PD	14 CITY-ST-ZIP	
TITLE	FOOTE, FREDERICK C.	21 TITLE	
NAME	241 E. SAGINAW, #500	22 NAME	
STREET ADDRESS	EAST LANSING MI	23 STREET ADDRESS	
CITY-ST-ZIP	ST	24 CITY-ST-ZIP	
TITLE	WELLMAN, TRACEY D.	31 TITLE	
NAME	241 E. SAGINAW, #500	32 NAME	
STREET ADDRESS	EAST LANSING MI	33 STREET ADDRESS	
CITY-ST-ZIP	V	34 CITY-ST-ZIP	
TITLE	WERTH, DAVID C.	41 TITLE	
NAME	241 E SAGINAW #500	42 NAME	
STREET ADDRESS	EAST LANSING MI	43 STREET ADDRESS	
CITY-ST-ZIP	S T	44 CITY-ST-ZIP	
TITLE	Kaczmarczyk, Amy A.	51 TITLE	
NAME	241 E. Saginaw #500	52 NAME	
STREET ADDRESS	East Lansing MI 48823	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

Amy A. Kaczmarczyk
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97
Date

517-336-7617
Daytime Phone