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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

Mailing Address

MICHIGAN LAKESHORE COMPANY

**FILED** May 11 1998 8:00am Secretary of State



	of Business						
P.O. BOX 4010		P.O. BOX 4010					
EAST LANSING	3 M1 48826	EAST LANSING MI 48826			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	11110017101	
					05/22/1992		
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number	Aı	pplied For
1		26			38-1794456	N	ot Applicabl
Suite Apt. #	f, etc.	Suite, Apt. #, etc.				7	Additional
2		27			a, Ceranicate of Status Desired	Fee R	equired
City & State		City & State			6. Election Campaign Financing		May Be
3		28	<del></del>		Trust Fund Contribution		to Fees
Zip	Country	Ζφ	Country		8. This corporation owes or has paid		
<u> </u>	25	[29]	30		Personal Property Tax due June 30 10. Name and Address of New Regi		No
	9, Name and Address of Currer		81	Name	10. Name and Address of New Hegi:	stated what	
	PRENTICE HALL CORPORATION	on system inc.	"	Name			
	1 HAYS STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable	)	
SUITE 105			83				
TAL	LAHASSEE FL 32301		63				
			84	City		FL 85 Zip	Code
					oration submits this statement for the pur		be son!-t
agont, ran	n <b>fa</b> miliar with, and accept the oblig	(mente on the ment contropol)	101100 41141111				
SIGNATURE .	Signature typed or printed name of registered agr	est and title if applicable (NC	OTE Registered Age	nt signature require	ed when reinstating)	DATE	
	Si <b>gna</b> ture, typied or printed in some chieg stored age OFFICERS AN	ers and site if applicable (NC ID DIRECTORS	OTE Registered Age	nt signature require	ad which reinstating)  ADDITIONS/CHANGES TO OFFICE		RS,IN 12
12.			<del></del>	nt signature require			
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indicated on this annual report or supplemental annual report is true and accurate and trial my signature shart have trie same legal effect as in made under loan, that if an a 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.