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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT  1996					Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							-		
Ę	OCUN Corporation I	1ENT Name	# P389	28	(8)	)	•							
LAKESHORE LAND COMPANY														
											<b>            </b>	( <u>)</u>	EN 1111 BIAN III.	
Principal Place of Business Mailing Address														
					P.O. BOX 4010									
	EAST LANSIN		3		EAST LANSING MI 48826									
									3.	Date Incorporated or Quali	fied 3a.	Date of Last		
	Dringinal Dis	( Di-		100.10		•••				05/22/1992		01/31/1	995	
21	Principal Place of Business				28. Mailing Address				4. '	El Number 38-1778862		-	Applied For	
1	Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8.7	Not Applicable  5 Additional	
22				27	27				5.	Dertificate of Status Desire	o 🗆		Required	
23	City & State			<del></del>	ity & State				I .	Election Campaign Financi	ng 🔲		00 May Be	
23	Zip		Country	28 Zi	D		ountr	v	<del></del>	Trust Fund Contribution  This corporation has liability			ed to Fees	
24			25	29		30		,			Yes N		s 199.00Z,	
ļ		9. Name	and Address of Curi	ent Register	ed Agent		81	Name		Name and Address of N	ew Registe	Jistered Agent		
	THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301								Address (P.C	D. Box Number is Not Acce	eptable)	- 85 Z	7ip Code	
11	. Pursuant to	the provision	ons of Sections 607.05	02 and 607.1	508, Florida Sta	tutes, the a	bovo-	named c	orporation su	bmits this statement for the actors. I hereby accept the	e purpose o	changing its	registered office	
	familiar with	and accep	ot the obligations of, Se	ection 607.050	05, Florida Statu	tes.	e cort	xoration s	board of dire	scitors. I hereby accept the	appointmen	t as registere	d agent. I am	
SI	GNATURE	anature, typed o	or printed name of registered ag	ent and title if apple	cable.	(NOTE: Reast	red Ane	nt Sionature	required when rain	etate wi				
12			OFFICERS A	ND DIRECTO		1:				DDITIONS/CHANGES TO			ORS IN 12	
TIT		PD	L/CAILICEU I		☐ DELETE	1.	1 TITLE					☐ Change	☐ Addition	
NAI	ME REET ADDRESS		, Kenneth J. Saginaw, #500			1	NAME							
	Y-ST-ZIP		ANSING MI					ADDRESS						
TITI	-	VD			DELETE		I CHTY - S 1 THILE	51-215	not	durector		Change	[ ] Addition	
NAI	ME		, Frederick C.			2:	NAME					<b>/</b>		
	HE HOORESS		SAGINAW, #500			2.5	STREET	T ADDRESS	İ					
	Y-ST-ZIP		Ansing MI				CITY-S	5T - <b>Z</b> IP						
T(T)		ST	AN, TRACEY D.		☐ DELETE	1	1 TITLE					Change	Addition	
	REET ADDRESS		SAGINAW, #500				NAME	I ADDRESS	İ					
	Y-ST-ZIP		ANSING MI				CITY-S							
TIT		DV			DELETE		1 TITLE	, <u>, , , , , , , , , , , , , , , , , , </u>	not	durector		Change	Addition	
NAI	ME		, DAVE R			4.2	NAME		' ''			•	—	
	REET ADDRESS		SAGINAW #500			4.3	STREET	ADDRESS						
	Y-ST-ZIP		ANSING MI		teral per exe		CITY - S	ST-719						
TITA		DC	I DUCED W		DELETE	. E	TITLE					Change	☐ Addition	
NAM			n, roger w Saginaw, #500				NAME	1005-0-						
	IEET ADDRESS Y-St-Zip	FAST	ansing Mi					ADDRESS						
TITL		LAWI L	TATORIO IN		☐ DELETE		CHTY-S	si • Zit'	VICE C	resident		☐ Change	Add tion	
NAM					_		NAME			C. Werth ,		ondinge	Name of the second	
STR	EFET ADDRESS						CTOCCT	ADDDCCC	DAL IS	esques 1	Firs			

14. Ide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in-Section 119.07(3)(k). 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 cath; 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:

NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 Dak

517 337-1873 Daytine Phone #