FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P39538** **(4)**

1. Corporation Name

BUYERS VEHICLE PROTECTION PLAN, INC.

Principal Place of Business	Mailing Address
25505 WEST TWELVE MILE ROAD SUITE 3000 SOUTHFIELD MI 48034-8339	25505 WEST TWELVE MILE ROAD SUITE 3000 SOUTHFIELD MI 48034-8339

3. Date Incorporated or Qualified: **07/07/1992**

3a. Date of Last Report: **06/07/1995**

4. FEI Number: **38-2957446** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSE 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 _____ DATE

Signature, typed or printed name, of registered agent and title, if applicable. NOTE: Registered Agent signature required when filing this form.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BECKMAN, RICHARD E		1.2 NAME		
STREET ADDRESS	950 WADDINGTON		1.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	APPLE, ALLAN V.		2.2 NAME		
STREET ADDRESS	6724 OYSTER COVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. BLOOMFIELD MI		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	P/D	☐ Change ☒ Addition
NAME	BECKMAN, RICHARD E.		3.2 NAME	Donald A. Foss	
STREET ADDRESS	21603 BEAUFORD LANE		3.3 STREET ADDRESS	26820 Drake Road	
CITY-ST-ZIP	NORTHVILLE MI		3.4 CITY-ST-ZIP	Farmington Hills, MI 48331	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Allan V. Apple ALLAN V. APPLE 4/30/96 810-353-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #