

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

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90031 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P39817

1. Corporation Name
TARA HOMES, INC. OF MICHIGAN

Principal Place of Business
12750 TELEGRAPH RD. TAYLOR MI 48180

Mailing Address
12750 TELEGRAPH RD. TAYLOR MI 48180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1992

4. FEI Number
38-2532080

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 owes the current year Intangible Personal Property Tax. 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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE _____
 NAME **PSTC ROBINSON, TERENCE**
 STREET ADDRESS **25575 INKSTER RD.**
 CITY-ST-ZIP **FARMINGTON HILLS MI 48336**

1.1 TITLE _____
 1.2 NAME _____
 1.3 STREET ADDRESS _____
 1.4 CITY-ST-ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

2.1 TITLE _____
 2.2 NAME _____
 2.3 STREET ADDRESS _____
 2.4 CITY-ST-ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

3.1 TITLE _____
 3.2 NAME _____
 3.3 STREET ADDRESS _____
 3.4 CITY-ST-ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

4.1 TITLE _____
 4.2 NAME _____
 4.3 STREET ADDRESS _____
 4.4 CITY-ST-ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

5.1 TITLE _____
 5.2 NAME _____
 5.3 STREET ADDRESS _____
 5.4 CITY-ST-ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

6.1 TITLE _____
 6.2 NAME _____
 6.3 STREET ADDRESS _____
 6.4 CITY-ST-ZIP _____

14. I 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

(734) 946-7388

Date

Daytime Phone #

CR2E034 (1/98)