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

CORPORATION ANNUAL REPORT



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

1996

Suite, Apt. #, etc.		
Table   Tabl		
3. Date incorporated or Outling 3n. Date of Last Rep (2/24/1989) 2/2/4/1989 (2/24/1989) 2/2/4/1989 (2/24/1989) 2/2/4/1989 (2/24/1989) 2/2/4/1989 (2/24/1989) 2/2/4/1989 (2/24/1989) 2/2/4/1989 (2/24/1989) 2/2/4/1989 (2/24/1989) 2/2/4/1989 (2/24/1989) 2/2/4/2/4/2/4/2/4/2/4/2/4/2/4/2/4/2/4/2		
2. Principal Place of Business   2a. Making Address   38.3101785	1	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27	plied For	
City & State  Country  Cou	t Applicable	
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   Zip   Country   Zip   Country   Zip   Country   St. Trust Fund Contribution   Made of 1 St. Country   Zip   Country   St. Trust Fund Contribution   City Florida Statutes   Yes   No.   No.		
Zip	May Be	
9. Name and Address of Current Registered Agent  BECKMEYER, KARL 88539 OVERSEAS HWY TAVERNIER FL 33070  80  61  62  Street Address (P.O. Box Number is Not Acceptable)  83  63  64  City  FL  85  City  FL  85  City  FL  86  City  FL  86  City  FL  87  Signorm is price 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, or both, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signorm is price or price name of mediand agent and which applicable.  PATE Registered Agent Signature recamble directors. I hereby accept the appointment as registered agent and an advanced by the corporation's board of directors. I hereby accept the appointment as registered agent agent and a price of price and a statutes.  SIGNATURE  Signorm is price or price name of mediand agent and which applicable.  PATE Registered Agent Signature recamble directors. I hereby accept the appointment as registered agent agent and a price or price name and advanced by the corporation's board of directors. I hereby accept the appointment as registered agent.  SIGNATURE  Signorm is price or price name of mediand agent and which applicable.  PATE Registered Agent.  PATE Redisciplines.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY SI - 2P  DELETE  1.1 TITLE  1.2 CRESS  PATE Registered Agent.		
BECKMEYER, KARL 88539 OVERSEAS HWY TAVERNIER FL 33070  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 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 and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE System, hyped or prefed name of implience days are and tonif acytechte.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  15. TASSELL, LESUE E  15. STREET ADDRESS  16. STREET ADDRESS  17. STREET ADDRESS  18. STREET ADDRESS  19. STREET ADDRESS  19		
BECKMEYER, KARL 88539 OVERSEAS HWY TAVERNIER FL 33070  83  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its regicered agent, or both, in this State of Flooda. Such change was authorized by the corporation is board of directors. Thereby accept the appointment as registered agent, with, and accept the obligations of, Section 607,0502, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  DELETE  1. TITLE  DELETE  1. SIREET ADDRESS  GIY-S1-2P  GRAND RAPIDS MI 49508  14. CIY-S1-2P  ALTO MI  DELETE  3. SIREET ADDRESS  GIY-S1-2P  ALTO MI  DELETE  3. SIREET ADDRESS  GIY-S1-2P  ALTO MI  DELETE  3. SIREET ADDRESS  GIY-S1-2P  ALTO MI  DELETE  4. TITLE  DELETE  3. SIREET ADDRESS  GIY-S1-2P  ALTO MI  DELETE  4. TITLE  DELETE  3. SIREET ADDRESS  GIY-S1-2P  ALTO MI  DELETE  4. TITLE  DELETE  3. SIREET ADDRESS  GIY-S1-2P  ALTO MI  DELETE  4. TITLE  DELETE  4. TITLE  ADDRESS  GIY-S1-2P  ALTO MI  DELETE  4. TITLE  DELETE  4. TITLE  ADDRESS  GIY-S1-2P  ALTO MI  ADDRESS  ALTO MI  ADDRESS  GIY-S1-2P  ALTO MI  ADDRESS		
88539 OVERSEAS HWY TAVERNIER FL 33070  83  84 City FL 85 Zip C  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 region 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 and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signifure, byect or preted name of implifued agent and their lay-feather.  PROTE: Plagedered Agent signifure sequent when released when relea		
TAVERNIER FL 33070  84		
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TIL. 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 region 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 as familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Significant, typed or printed name of impletional agent and trent in get/caths.  PNOTE: Pagedored Agent sop alure required when reliability.  PNOTE: Pagedored Agent sop alure required or for first pagedored Agent sop alure required with reliability.  PNOTE: Pagedored Agent sop alure required or for first pagedored Agent sop alure required with reliability.  PNOTE: Pagedored Agent sop alure required or first pagedored Agent sop alure required or for first pagedored Agent sop alure required or for first pagedored Agent sop alure required or for first pagedored Agent sop alure required with reliability.  PNOTE: Pagedored Agent so board of directors. I hereby accept the appointment as registered as familiar required as familiar required or for first pagedored Agent sop alure required or for first pagedored Agent sop alure required or for first pagedored Agent sop alure required or first pagedored Agent sop alure required or first pagedored Agent sop alure required with reliability.  PNOTE: Pagedored Agent so pagedored Agent so pagedored Agent sop alure required or first pagedored Agent sop alure required with reliability.  PNOTE: Pagedored Agent sop alure required or first pagedored Agent sop alure required or first pagedored Agen	)ode	
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Signature, typed or profied name of registered agent and the if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11/ILE  D  TASSELL, LESLIE E  SIREET ADDRESS  3225 32 STREET S E  CITY-ST-ZIP  GRAND RAPIDS MI 49508  1.4 CITY-ST-ZIP  NAME  BOTTRALL, DAVID C  22 NAME  STREET ADDRESS  GIY-ST-ZIP  STREET ADDRESS  GIY-ST-ZIP  DELETE  3 1 TITLE  3 2 NAME  32 NAME  32 NAME  32 NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  ITILE  DELETE  4 1 TITLE  Change-  Cha	stered office jent. I am	
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TITLE         DELETÉ         4.1 TITLE         Change:           NAME         4.2 NAME           STREFT ADDRESS         4.3 STREET ADDRESS           CITY-S1-7IP         4.4 CITY-S1-ZIP		
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 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)(k), Florida Statutes	1.6 urbles	

certify that the anomiator 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: