

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 09 1996 8:00 am
Secretary of State

DOCUMENT # P93000045364 (5)

1. Corporation Name

FIFESHIRE OF FLORIDA, INC.

Principal Place of Business

ONE OXBOW DR.
PORT LABELLE FL 33435

Mailing Address

13740 MERRIMAN RD.
LIVONIA MI 48150



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0429663

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. 190.032
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

HALL, GLENN
ONE OXBOW DRIVE
PORT LABELLE FL 33435

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

GLENN HALL

8/4/95

12. OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

STEWART, ANDREW K
13740 MERRIMAN RD
LIVONIA MI 48150

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STEWART, DAVID
13740 MERRIMAN RD
LIVONIA MI 48150

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STEWART, JUNE
13740 MERRIMAN RD
LIVONIA MI 48150

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STEWART, BRIAN
13740 MERRIMAN RD
LIVONIA MI 48150

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

KOVSKY, CHARLES E
25835 SOUTHFIELD ROAD #101
SOUTHFIELD MI 48075-1827

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change

Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

Change

Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

Change

Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

Change

Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

Change

Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

Change

Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SAAD, JUNE

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. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW K. STEWART

8/2/96

313-522-5187

Office Phone #

Ext 11563

CR2E034 (3/96)