

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 **ONE OXBOW DR.**

Suite, Apt. #, etc.

23 City & State

27 City & State

LABELLE, FL

24 Zip

33435

25 Country

29 Zip

33435

30 Country

HENDRY

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

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

(NOTE: Registered Agent signature required when reinstating)

7/7/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **STEWART, ANDREW K**
STREET ADDRESS **13740 MERRIMAN RD**
CITY-ST-ZIP **LIVONIA MI 48150**

TITLE **D** ☐ DELETE
NAME **STEWART, DAVID**
STREET ADDRESS **13740 MERRIMAN RD**
CITY-ST-ZIP **LIVONIA MI 48150**

TITLE **D** ☐ DELETE
NAME **SAAD, JUNE**
STREET ADDRESS **13740 MERRIMAN RD**
CITY-ST-ZIP **LIVONIA MI**

TITLE **D** ☐ DELETE
NAME **STEWART, BRIAN**
STREET ADDRESS **13740 MERRIMAN RD**
CITY-ST-ZIP **LIVONIA MI 48150**

TITLE **D** ☐ DELETE
NAME **KOVSKY, CHARLES E**
STREET ADDRESS **25835 SOUTHFIELD ROAD #101**
CITY-ST-ZIP **SOUTHFIELD MI 48075-1827**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☐ Change ☒ Addition
1.2 NAME **MICHAEL KILBRIDE**
1.3 STREET ADDRESS **ONE OXBOW DRIVE**
1.4 CITY-ST-ZIP **LABELLE, FL 33435**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **MICHAEL KEMP**
2.3 STREET ADDRESS **ONE OXBOW DRIVE**
2.4 CITY-ST-ZIP **LABELLE, FL 33435**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE **MICHAEL KILBRIDE**

7/7/98

941-675-1441

CR2E034 (5/98)