

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000083202 (0)**

1. Corporation Name

2475 BRICKELL AVENUE, INC.



Principal Place of Business

Mailing Address

**2600 DOUGLAS ROAD, SUITE 900
CORAL GABLES FL 33134**

**2600 DOUGLAS ROAD, SUITE 900
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 **40 Pearl St., N.W.**

26 **40 Pearl St., N.W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #430**

27 **Suite #430**

City & State

City & State

23 **Grand Rapids, MI**

28 **Grand Rapids, MI**

Zip

Zip

Country

Country

24 **4 9 5 0 3**

25 **U.S.A.**

29 **4 9 5 0 3**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/07/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0487859

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

10. Name and Address of New Registered Agent

**CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
STE. 700
MIAMI FL 33133**

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's signature is required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P
SCHERMER, ROBERT E JR.
2600 DOUGLAS RD- #900-
CORAL GABLES FL-**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**S
HEWETT, CHRISTOPHER B
2600 DOUGLAS RD- #900-
CORAL GABLES FL-**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**40 Pearl Street, N.W., Suite #430
Grand Rapids, MI 49503**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**40 Pearl Street, N.W., Suite #430
Grand Rapids, MI 49503**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Date

616/776-2600

Daytime Phone #

CR2E034 (12/95)