

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000083202 (0)

Corporation Name
2475 BRICKELL AVENUE, INC.

FILED
Mar 19 1997 8:00am
Secretary of State



Principal Place of Business

40 PEARL STREET NE
SUITE 430
GRAND RAPIDS MI 49503
US

Mailing Address

40 PEARL STREET N.W.
SUITE 430
GRAND RAPIDS MI 49503-3027
US

2. Principal Place of Business

21 40 Pearl St., NW

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Grand Rapids, MI

Zip

24 49503

Country

25 USA

2a. Mailing Address

26 40 Pearl St., NW

Suite, Apt. #, etc.

27 Suite 900

City & State

28 Grand Rapids, MI

Zip

29 49503

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/07/1993

3a. Date of Last Report

04/05/1996

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

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 required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCHERMER, ROBERT E JR.
STREET ADDRESS 40 PEARL STREET NW SUITE 430
CITY-ST-ZIP GRAND RAPIDS FL

☐ DELETE

TITLE S
NAME HEWETT, CHRISTOPHER B
STREET ADDRESS 40 PEARL STREET NW SUITE 430
CITY-ST-ZIP GRAND RAPIDS MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

40 Pearl Street, N.W., Suite 900
Grand Rapids, Michigan 49503

☒ Change ☐ Addition

40 Pearl Street, N.W., Suite 900
Grand Rapids, Michigan 49503

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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:

CHRISTOPHER B. HEWETT 1/ /97 (616) 776-2600

CR2E034 (9/96)