

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

'95 JUL -3 AM 9:17

DOCUMENT # P94000066711 (0)

1. Corporation Name

OHI (FLORIDA), INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**905 WEST EISENHOWER, SUITE 110
ANN ARBOR MI 48103**

Mailing Address
**905 WEST EISENHOWER, SUITE 110
ANN ARBOR MI 48103**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Quasiest **09/12/1994** 3a. Date of Last Report

2. Principal Place of Business

21 905 W. Eisenhower Circle

2a. Mailing Address

26 905 W. Eisenhower Circle

4. FEI Number
65-0523484

Applied For
Not Applicable

State Apt # etc
22 Suite 110

State Apt # etc
27 Suite 110

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State
23 Ann Arbor, Michigan

City & State
28 Ann Arbor, Michigan

6. Electron Certificate Filing ☐ **\$5.00 May Be
Added to Fees**

Zip
24 48103

Country
25 USA

Zip
29 48103

Country
30 USA

8. This corporation has liability for foreign tax under 1119 (b)(2) (A) Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Current Address, P.O. Box Number or Post Office

83

84 City

FL

85 State

11. I, the undersigned, being a resident of the State of Florida, and being duly qualified to act as a registered agent for the State of Florida, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of changing its registered office as required by law, or for the purpose of changing its registered office as required by law, or for the purpose of changing its registered office as required by law, or for the purpose of changing its registered office as required by law.

Signature

Signature of Registered Agent

Signature of Secretary of State

Date

12. OFFICERS AND DIRECTORS

NAME	POSITION
Joe Rzepka	President
905 W. Eisenhower Circle, Suite 110	
Ann Arbor, MI 48103	
Secretary	
Essel W. Bailey, Jr.	
905 W. Eisenhower Circle, Suite 110	
Ann Arbor, MI 48103	
Treasurer	
F. Scott Kellman	
905 W. Eisenhower Circle, Suite 110	
Ann Arbor, MI 48103	
Assistant Secretary	
William A. Jones	
801 South Flower Street	
Los Angeles, CA 90017-4699	

13. SECRETARIES

NAME	POSITION

14. I, the undersigned, being a resident of the State of Florida, and being duly qualified to act as a registered agent for the State of Florida, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of changing its registered office as required by law, or for the purpose of changing its registered office as required by law, or for the purpose of changing its registered office as required by law, or for the purpose of changing its registered office as required by law.

SIGNATURE:

Joseph L. Rzepka
SIGNATURE AND TYPE OR PRINTED NAME OF THE OFFICER OR DIRECTOR

6/12/95 (313) 747-9790

CR2E034 (3/95)