

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000066711 (0)**

1. Corporation Name
OHI (FLORIDA), INC.



Principal Place of Business: **905 W. EISENHOWER CIRCLE SUITE 110 ANN ARBOR MI 48103 US**
Mailing Address: **905 W. EISENHOWER CIRCLE SUITE 110 ANN ARBOR MI 48103 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **09/12/1994**
3a. Date of Last Report: **07/03/1995**
4. FEI Number: **65-0523484**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, 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 (81-85):
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): **500001894815**
83: **-07/16/96--01106--040**
84 City: *****8.75**
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0405, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RZEPKA, JOE	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAILEY, ESSEL W. J	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLMAN, SCOTT F.	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	JONE, WILLIAM A.	
STREET ADDRESS	801 SOUTH FLOWER STREET	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
7. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	BAILEY, ESSEL W, JR	
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP	600001894815	
4. TITLE	-07/16/96--01106--040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	***225.00	
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE	CHIEF FINANCIAL OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	DAVID A - STUCCO	
53. STREET ADDRESS	905 W EISENHOWER CIRCLE, SUITE 110	
54. CITY-ST-ZIP	ANN ARBOR MI 48103	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: **David A Stucco** DATE: **5/30/96** 313/747-9790

CR2E034 (12/95)