

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON DR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND
FILED

97 SEP 15 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 07/16/1996
4. FEI Number 65-0523484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RZEPKA, JOE		1.2 NAME	
STREET ADDRESS 905 W. EISENHOWER CIRCLE, SUITE 110		1.3 STREET ADDRESS	700002295817--0
CITY-ST-ZIP ANN ARBOR MI 48103		1.4 CITY-ST-ZIP	-09/17/97--01088--004
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	***558.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAILEY, ESSEL W JR		2.2 NAME	
STREET ADDRESS 905 W. EISENHOWER CIRCLE, SUITE 110		2.3 STREET ADDRESS	
CITY-ST-ZIP ANN ARBOR MI 48103		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLMAN, SCOTT F.		3.2 NAME	
STREET ADDRESS 905 W. EISENHOWER CIRCLE, SUITE 110		3.3 STREET ADDRESS	
CITY-ST-ZIP ANN ARBOR MI 48103		3.4 CITY-ST-ZIP	
TITLE CFO	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOVER, DAVID A		4.2 NAME	CFO
STREET ADDRESS 905 W. EISENHOWER CIRCLE, SUITE 110		4.3 STREET ADDRESS	Stover, David A
CITY-ST-ZIP ANN ARBOR MI 48103		4.4 CITY-ST-ZIP	905 W. Eisenhower Circle, Suite 110
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Ann Arbor, MI 48103
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

700002295817--0
-09/17/97--01088--004
***558.75

D. Stover
9/15/97

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: *[Signature]* 8/9/14/97 313/747-9710

CR2E034 (4/97)