

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000075183 (0)

1. Corporation Name
NBD BANK

Principal Place of Business
1320 VENICE AVENUE
VENICE FL

Mailing Address
1320 VENICE AVENUE
VENICE FL 34292-2153



3. Date Incorporated or Qualified
09/30/1995

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number
38-2935658

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

9. Name and Address of Current Registered Agent

WING, ROBERT G
1320 VENICE AVENUE
VENICE FL

10. Name and Address of New Registered Agent

81 Name
Alexander C. Robinson, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
1320 Venice Avenue
83
84 City
Venice FL 85 Zip Code
34292-2153

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

Alexander C. Robinson, Jr., President

1-21-96

12. OFFICERS AND DIRECTORS

TITLE	D	DEALEXANDRIS, ROBERT A	<input checked="" type="checkbox"/> DELETE
NAME		611 WOODWARD AVENUE	
STREET ADDRESS		DETROIT MI	
CITY - ST - ZIP			
TITLE	D	DURNO, JOHN D	<input checked="" type="checkbox"/> DELETE
NAME		611 WOODWARD AVENUE	
STREET ADDRESS		DETROIT MI	
CITY - ST - ZIP			
TITLE	D	GRAVELLE, FREDERICK H	<input type="checkbox"/> DELETE
NAME		1320 VENICE AVE	
STREET ADDRESS		VENICE FL	
CITY - ST - ZIP			
TITLE	D	KAISER, JERRY L	<input type="checkbox"/> DELETE
NAME		1320 VENICE AVENUE	
STREET ADDRESS		VENICE FL	
CITY - ST - ZIP			
TITLE	D	WING, ROBERT G	<input checked="" type="checkbox"/> DELETE
NAME		1320 VENICE AVENUE	
STREET ADDRESS		VENICE FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard J. McCullen	
1.3 STREET ADDRESS	611 Woodward Avenue	
1.4 CITY - ST - ZIP	Detroit, MI	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alexander C. Robinson, Jr.	
2.3 STREET ADDRESS	1320 Venice Avenue	
2.4 CITY - ST - ZIP	Venice, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Willard A. Valpey	
3.3 STREET ADDRESS	611 Woodward Avenue	
3.4 CITY - ST - ZIP	Detroit, MI	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 and dated 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

Date

Daytime Phone #

CR2E034 (9/96)