

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000075290 (3)

1. Corporation Name
RIMCO VII, INC.



Principal Place of Business Mailing Address
P.O. BOX 2475 P.O. BOX 2475
TAX DEPARTMENT 10-98 TAX DEPARTMENT 10-98
FARMINGTON HILLS MI 48333-2475 FARMINGTON HILLS MI 48333-2475

2. Principal Place of Business 2a. Mailing Address
21 8225 Ibis Boulevard 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 West Palm Beach, FL 28
Zip Country Zip Country
24 33412 25 29 30

3. Date Incorporated or Qualified 09/29/1995 3a. Date of Last Report
4. FEI Number 62-1618312 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

10. Name and Address of New Registered Agent

WELLES, PATRICIA G
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BROWN, ROBERT C <input type="checkbox"/> DELETE	1.1 TITLE	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27777 INKSTER ROAD (10-98)	1.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI 48333	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HENSON, JEROME <input type="checkbox"/> DELETE	2.1 TITLE	D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27777 INKSTER ROAD (10-98)	2.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI 48333	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KEBLER, IRVIN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	27777 INKSTER ROAD (10-98)	3.2 NAME	Richard Blough
STREET ADDRESS	FARMINGTON HILLS MI 48333	3.3 STREET ADDRESS	27777 Inkster Road (10-98)
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Farmington Hills, MI 48333-2475
TITLE	D HEIL, DEBORAH A <input type="checkbox"/> DELETE	4.1 TITLE	D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27777 INKSTER ROAD (10-98)	4.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI 48333	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Tim Rutland
STREET ADDRESS		5.3 STREET ADDRESS	27777 Inkster Road (10-98)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Farmington Hills, MI 48333
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	

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 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 (12/95)