

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90134 029 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083242

1. Corporation Name
IWPB, INC.



Principal Place of Business
**2777 INKSTER RD
MC 10-98
FARMINGTON HILLS MI 48334
US**

Mailing Address
**P.O. BOX 2475
TAX DEPARTMENT 10-98
FARMINGTON HILLS MI 48333-2475
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1995

4. FEI Number
65-0615809

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 27777 Inkster Road

Suite, Apt. #, etc.
22

City & State
23

Zip Country
24 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLES, PATRICIA G ESQ.
C/O STEARNS, WEAVER, ET AL
150 WEST FLAGLER ST
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ROBERT C	1.2 NAME	
STREET ADDRESS	27777 INKSTER ROAD (10-98)	1.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	1.4 CITY-ST-ZIP	Farmington Hills, MI 48334
TITLE	AP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENSON, JEROME	2.2 NAME	
STREET ADDRESS	27777 INKSTER ROAD (10-98)	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	2.4 CITY-ST-ZIP	Farmington Hills, MI 48334
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTLAND, TIM	3.2 NAME	
STREET ADDRESS	2777 INKSTER RD	3.3 STREET ADDRESS	27777 Inkster Road
CITY-ST-ZIP	FARMINGTON HILLS MI	3.4 CITY-ST-ZIP	Farmington Hills, MI 48334
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
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	

14. I 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, with all other like empowered.

SIGNATURE: *Timothy Rutland* **TIMOTHY RUTLAND, TREASURER** (248) 473-3076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-26-99 Daytime Phone #