


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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90071 012 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S36172

1. Corporation Name
THE FRANDORSON CORPORATION



| | |
|---|--|
| Principal Place of Business 6504 US HWY 41 N. APOLLO BEACH FL 33572 US | Mailing Address P O BOX 3176 APOLLO BEACH FL 33572 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 300 FRANDOR AVENUE | | 2a. Mailing Address 26 300 FRANDOR AVE | | 3. Date Incorporated or Qualified 03/07/1991 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-3055675 | |
| 22 City & State LANISING, MI | | 27 City & State LANISING, MI | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip 48912 | | 28 Country USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 48912 | | 25 USA | | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent CORR, THOMAS P 6504 U.S. HWY 41 N. APOLLO BEACH FL 33572 | | 10. Name and Address of New Registered Agent 81 Name Tommi G. Dircks 82 Street Address (P.O. Box Number is Not Acceptable) 4818 BLOOMINGDALE AVE 83 84 City VACRICO FL 85 Zip Code 33594 | |
|--|--|--|--|

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 **Tommi G. Dircks** (NOTE: Registered Agent Signature required when reinstating) DATE **3/12/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORR, F JEROME | 1.2 NAME | |
| STREET ADDRESS | 5303 E HIDDEN LAKE DR | 1.3 STREET ADDRESS | 300 FRANDOR AVE |
| CITY-ST-ZIP | EAST LANSING MI | 1.4 CITY-ST-ZIP | Lansing, MI 48912 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORR, THOMAS P | 2.2 NAME | |
| STREET ADDRESS | 6542 US HWY 41 NO | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | APOLLO BCH FL | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORR, HOWARD J | 3.2 NAME | |
| STREET ADDRESS | 6542 US HWY 41 NO | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | APOLLO BCH FL | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PATRICK F. CORR | 4.2 NAME | PATRICK F. CORR |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 300 FRANDOR AVENUE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | LANSING, MI 48912 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: **PATRICK F. CORR** DATE: **3/16/99** (517) 333-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)