FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S44970** **(9)**

1. Corporation Name
CHASE CROSSING, INC.

Principal Place of Business
1500 SAN REMO AVE #220
CORAL GABLES FL 33146

Mailing Address
1500 SAN REMO AVE #220
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 04/12/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 250 Belle Chase Circle
Suite, Apt. #, etc. 22
City & State 23 Tampa FL 33634
Zip 24 Country 25 Hillsborough

2a. Mailing Address
26 5700 Crooks Road #400
Suite, Apt. #, etc. 27
City & State 28 Troy, MI 48098
Zip 29 Country 30 Oakland

4. FEI Number: 38-2990143 — 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
ZIPPER, ADAM
1500 SAN REMO AVE
SUITE 220
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
CT Corporation Systems
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 Pine Island Road
Plantation FL 33324
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above n[illegible] ation submits this statement for the [illegible] changing its registered office or registered agent, or [illegible] of Florida. Such change was authorized by the co[illegible] board of directors. I hereby accept the appointm[illegible] tered agent. I am familiar with, and a[illegible] Section 607.0505, Florida Statutes.

SIGNATURE [signature] - ASST. V.P. 3-22-96
(NOTE: Registered Agent signature required when reinstating)

12. [illegible]ERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	HAYMAN, STEPHEN P	
STREET ADDRESS	5700 CROOKS ROAD #400	
CITY-ST-ZIP	TROY MI 48098	
TITLE	DVT	☐ DELETE
NAME	HAYMAN, ALAN J	
STREET ADDRESS	5700 CROOKS ROAD #400	
CITY-ST-ZIP	TROY MI 48098	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	500001782215	☐ Change ☐ Addition
5.2 NAME	-04/16/96--01057--011	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	4-15-96 JR	
6.3 STREET ADDRESS		
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] 3/28/96 810 879-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Stephen P. Hayman President

CR2E034 (12/95)