

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

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAY -1 PM 12: 33

**DOCUMENT # 828160 (2)**

1. Corporation Name  
**E. AND F. AGENCY, INC.**

Principal Place of Business 28833 TELEGRAPH SOUTHFIELD MI 48034 US	Mailing Address 35901 SCHOOLCRAFT SOUTHFIELD MI 48034 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>28833 TELEGRAPH</b>	3. Date Incorporated or Qualified <b>06/20/1972</b>	3a. Date of Last Report <b>06/23/1994</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>38-1850165</b>	Applied For Not Applicable
City & State 23	City & State <b>SOUTHFIELD MI</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	29 <b>48034</b>	30 <b>US</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**BACH, WILLIAM**  
**3030 N. ROCKY POINT DR., W.**  
**SUITE 560**  
**TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 filer if applicable) (Date) \_\_\_\_\_ Registered Agent signature required when existing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>P</b> <b>FRETTER, ELMA M</b> <b>28833 TELEGRAPH</b> <b>SOUTHFIELD MI</b>	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>S</b> <b>FRETTER, LAURA</b> <b>28833 TELEGRAPH</b> <b>SOUTHFIELD MI</b>	7. TITLE 8. NAME 9. STREET ADDRESS 10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D</b> <b>FRETTER, ELMA M.</b> <b>28833 TELEGRAPH</b> <b>SOUTHFIELD MI</b>	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D</b> <b>FRETTER, LAURA</b> <b>28833 TELEGRAPH</b> <b>SOUTHFIELD MI</b>	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>V</b> <b>FRETTER, O.L.</b> <b>28833 TELEGRAPH</b> <b>SOUTHFIELD MI</b>	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REMITTED BY MAY 1**

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)(b), 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 creator 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: *O. L. Fretter* 810  
5-30-95 3598543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date