

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90029 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **142320**

1. Corporation Name
MACOMB CORPORATION

596/96 - 90029 - 33



Principal Place of Business
 2222 FRANKLIN ROAD.
 BLOOMFIELD HILLS MI 48302-0330

Mailing Address
 2222 FRANKLIN ROAD.
 BLOOMFIELD HILLS MI 48302-0330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1943

4. FEI Number
38-1648914

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. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

BRAVERMAN, ARTHUR
301 YAMATO ROAD, SUITE 1299
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRODY, ROBERT	
STREET ADDRESS	4017 HIDDEN WOODS DR	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BRODY, RHEA	
STREET ADDRESS	4017 HIDDEN WOODS DR	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRODY, GERALD	
STREET ADDRESS	660 WESTWOOD	
CITY-ST-ZIP	BIRMINGHA MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: _____ DATE: **7-22-99** DAYTIME PHONE #: **246-593-7900**

CR2E034 (5/99)

Macomb Corporation

4190 Telegraph Road, Suite 1000 • Bloomfield Hills, Michigan 48302-2080
(248) 593-7900 • Fax (248) 593-5559

142320
596796-90029-33

July 22, 1999

State of Florida
Divisions of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

To whom it may concern:

Enclosed is our 1999 annual report and filing fee of \$150.00.

This "2nd Notice" report packet is the first packet we have received. We did move our offices in November, 98; possibly the first packet was not forwarded by the post office.

We have been in business since 1943 and have always filed timely. In 1997 we filed 1/7/97 and in 1998 on 1/19/98. Your understanding in this matter would be greatly appreciated.

Sincerely,

Robert Brody
President

RB/gt
Enclosures