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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT # 545241** 

(2)

	<del></del>	OP HOMES INC.		(-)									
Principal Place of Business Mailing Address											nr Britis in die Lichte filber fill	in arası andır ıtar	
280 DAINES STSTE. 300 280 DAINES STSTE BIRMINGHAM MI 48009 BIRMINGHAM MI 480													
									3. Date incorporated or C	ualified	3a. Date of Last	•	
	Principal Plur	ce of Business	Mailing Address					09/12/1977 4. FEI Number	L	02/10/1			
21	T FITCIPAL T IER	A. O. DUS-1633		26				38-2182365		<u> </u>	Applied For Not Applicable		
	Suite Apt. #,										\$8.7	5 Additional	
2		27							<ol><li>Certificate of Status De</li></ol>	sired [	<b></b>	Required	
	Oty & State			City & State				6. Election Campaign Fina	ncing _	\$5.0	00 May Be		
3			28						Trust Fund Contribution	, L		ed to Fees	
	Zip	Countr	· ⊢—η	Zip	Cou	ntry			<ol><li>This corporation has lia</li></ol>		_	s 199.032,	
4		25	29	and Ament	[30]				Florida Statutes	Yes [			
		S. Ivallie and Addre	ess of Current Regist	tereo Agent		81	Name		10. Name and Address of	T New Heg	istered Agent		
		D11400				٠.	Hairie	<del>C</del>					
	MILTON I						Street	t Address (P.O. Box Number is Not Acceptable)					
		MIAMI TR.				83	<del> </del>						
	FI MYER	IS FL 33908											
						84	City				FL 85	Zip Code	
11.	Pursuant to	the provisions of Secti	ons 607.0502 and 607	7.1508, Florida Stat	utes, the abo	—⊥ ve-n	amed o	corporati	on submits this statement fo	r the purpo	se of changing its	registered office	
	<ul> <li>or registered</li> </ul>	d agent, or both, in the , and accept the obliga	State of Florida. Such	change was author	rized by the c	orpo	oration'	s board	of directors. I hereby accept	the appoin	tment as registere	d agent. I am	
C16	SNATURE	, a to assopt the oringe		5505, Florida Didige									
	sint Cont	granio, typed or ported name.	of registered agent accritic fla	ppleable (	NOTE: Registered	Agent	t signature	required w	hen reinstating)		DATE		
12.			OFFICERS AND DIREC		13.				ADDITIONS/CHANGES	TO OFFICE			
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S168	ELL ADDRESS	280 DAINES ST	<b>#300</b>		4 3 ST	REET.	address	1					
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	B 1 ADDRESS				62 NA		address						
	ST-7IP				6 4 DI								
		certify that the informa	ion supplied with this	filing is voluntarily fu				alify for	the exemption stated in Sec	ion 119.07	(3)(k), Florida Stati	utes. I further	
	certify that t oath; that Fa	he information indicate	d on this annual report or of the corporation or	or supplemental ar the receiver or trus	nnual report is tee empower	tru	e and a	ccurate	and that my signature shall le eport as required by Chapter	tave the sar	me legal effect as	if made under	

SIGNATURE:

- GLORIA A. KOSTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

810-645-9220

Daytime Phone #