

PROFIT CORPORATION ANNUAL REPORT 1999 2000



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 09/20/1979

4. FEI Number: 38-1242806 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 owes the current year intangible Personal Property Tax: Yes No

Principal Place of Business: KIRTS BLVD MI 48064

Mailing Address: 500 KIRTS BLVD TROY MI 48064

2a. Mailing Address: 26

Suite, Apt. #, etc.: 27

City & State: 28

Zip: 25 Country: 29 Country: 30

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRAUM, THOMAS C. (JR)		1.2 NAME	800003251158--8
STREET ADDRESS: 500 KIRTS BLVD.		1.3 STREET ADDRESS	-05/12/00--0111--012
CITY-ST-ZIP: TROY MI		1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE: COB	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HANDLEMAN, DAVID		2.2 NAME	
STREET ADDRESS: 500 KIRTS BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP: TROY MI		2.4 CITY-ST-ZIP	
TITLE: AST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KARTJE, KENNETH P.		3.2 NAME	
STREET ADDRESS: 500 KIRTS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP: TROY MI		3.4 CITY-ST-ZIP	
TITLE: VPFS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRAMS, LEONARD A		4.2 NAME	
STREET ADDRESS: 500 KIRTS BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP: TROY MI 48084		4.4 CITY-ST-ZIP	
TITLE: PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STROME, STEPHEN		5.2 NAME	
STREET ADDRESS: 500 KIRTS BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP: TROY MI		5.4 CITY-ST-ZIP	
TITLE: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		6.2 NAME	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]		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: Kenneth P. Kartje 4/29/00 (248)362-4400
 Kenneth P. Kartje Asst. Secretary/Asst. Treasurer

CR2E034 (11/98)