

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F70522 (0)

1. Corporation Name
THE OKAHUMPKA CORPORATION



Principal Place of Business 2701 UNIVERSITY DR SUITE 320 AUBURN HILLS MI 48326 US	Mailing Address 2701 UNIVERSITY DR SUITE 320 AUBURN HILLS MI 48326 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/10/1982	4. FEI Number 59-2175753	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Zip	25. Country	29. Zip	30. Country	

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 (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 _____ 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PHD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, FERGUS J.	1.2 NAME	A. JACQUELINE DOUT
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320	1.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 300
CITY-ST-ZIP	AUBURN HILLS MI	1.4 CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTON, ROBERT M	2.2 NAME	PHILIP C. SURLS
STREET ADDRESS	2550 WALNUT HILL LN	2.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 300
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, CURTIS W.	3.2 NAME	COLLEEN T. BAUMAN
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320	3.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 300
CITY-ST-ZIP	AUBURN HILLS MI	3.4 CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	TAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKPATRICK, J. MARK	4.2 NAME	WALTER R. YOUNG, JR.
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320	4.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 300
CITY-ST-ZIP	AUBURN HILLS MI	4.4 CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, PAUL L	5.2 NAME	JOHN S. COLLINS, JR.
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320	5.3 STREET ADDRESS	2701 UNIVERSITY DR. SUITE 300
CITY-ST-ZIP	AUBURN HILLS MI	5.4 CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address.

SIGNATURE *Colleen T. Bauman* _____

CR2E034 (10/97)