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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92263** (5)

1. Corporation Name

THE OKERSTROM CORPORATION OF FLORIDA

Principal Place of Business

Mailing Address

13520 MERRIMAN
LIVONIA MI 48150
US

13520 MERRIMAN
LIVONIA MI 48150
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/28/1982** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

25

38-2870145

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Address change

OKERSTROM, ROBERT L.

~~7030~~ **COGNAC DRIVE**

7030-1 COGNAC Drive

NEW PORT RICHEY FL 34653

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

OKERSTROM, ROBERT L.

STREET ADDRESS

13520 MERRIMAN

CITY - ST - ZIP

LIVONIA MI

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

V

NAME

OKERSTROM, JACKIE L.

STREET ADDRESS

6147 SHARON DR

CITY - ST - ZIP

BRIGHTON MI

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

VS

NAME

OKERSTROM, JILL S

STREET ADDRESS

15011 LYONS

CITY - ST - ZIP

LIVONIA MI

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

M

NAME

WOODS, LUKE A.

STREET ADDRESS

12032 LEVERNE

CITY - ST - ZIP

REDFORD MI

4.1 TITLE

Change Addition

4.2 NAME

Mary Larkin

4.3 STREET ADDRESS

15005 Lyons

4.4 CITY - ST - ZIP

Livonia MI 48154

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this Annual Report or the portion of 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 holder of a position empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as chairman, or as an officer, or as an agent.

SIGNATURE:

Robert Okerstrom

January 12, 1995 313-421-8267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Okerstrom, President