

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

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G57536 (6)**  
1. Corporation Name  
**PALM BEACH FINANCIAL VENTURES, INC.**



Principal Place of Business <b>900 AVIS DR. ANN ARBOR MI 48108</b>	Mailing Address <b>900 AVIS DR. ANN ARBOR MI 48108-0649</b>
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3. Date Incorporated or Qualified <b>08/25/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2327431</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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**9. Name and Address of Current Registered Agent**

**AVIS, WARREN A., JR  
1201 U.S. HWY ONE, SUITE 36  
CRYSTAL TREE PLAZA  
N. PALM BEACH FL 33408**

**10. Name and Address of New Registered Agent**

81 Name **AVIS, WARREN A., JR.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1201 U.S. HWY ONE, SUITE 435**  
83 **CRYSTAL TREE CENTRE**  
84 City **N. PALM BEACH** 85 Zip Code **FL 33408**

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 reappointing)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>KALMBACH, PATRICIA A.</b>	
STREET ADDRESS	<b>900 AVIS DR.</b>	
CITY- ST- ZIP	<b>ANN ARBOR MI 48108</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REITZ, DANIEL J</b>	
STREET ADDRESS	<b>900 AVIS DR</b>	
CITY- ST- ZIP	<b>ANN ARBOR MI 48108</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	<b>PDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KALMBACH, PATRICIA A.</b>	
1.3 STREET ADDRESS	<b>900 AVIS DRIVE</b>	
1.4 CITY- ST- ZIP	<b>ANN ARBOR, MICHIGAN 48108</b>	
2.1 TITLE	<b>S D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TOTTEN, PAMELA S.</b>	
2.3 STREET ADDRESS	<b>900 AVIS DRIVE</b>	
2.4 CITY- ST- ZIP	<b>ANN ARBOR, MICHIGAN 48108</b>	
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	<b>000002152970</b>	
6.3 STREET ADDRESS	<b>-04/24/97--01005--049</b>	
6.4 CITY- ST- ZIP	<b>***165.00</b>	

14. I do 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 included 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Kalmbach* Date: **4/2/97 (313) 761-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)