

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

CORPORATION:
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY -1 AM 4:21

DOCUMENT # **H36063** (6)

DAMONE/ANDREW OF SOUTH FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

850 STEPHENSON HWY. STE 600
TROY MI 48063

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TROY MI 48063

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 12/31/1984	3a. Date of Last Report 05/01/1994
4. FID Number 59-2489630	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for franchise fees under 5-100.001 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Corporation 21. 24800 Denso Drive 22. Suite 175 23. Southfield MI 24. 48034 25. USA	2a. Mailing Office 26. 24800 Denso Drive 27. Suite 175 28. Southfield MI 29. 48034 30. USA
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TROCKE, MICHAEL T. 101 E. KENNEDY BOULEVARD STE 2500 TAMPA FL 33602		81. Name	
		82. Street Address (P.O. Box Number or R.F. Address)	
		83. City	
		84. State	FL
		85. Zip Code	

11. Pursuant to the provisions of Section 5-100.001, Florida Statutes, through an authorized representative, the undersigned, for the purpose of changing its registered office of the corporation to that of the State of Florida, hereby agrees to be bound by the corporate seal of directors, thereby accept the appointment as registered agent. I am aware that under the laws of the State of Florida, I shall be liable for the debts and obligations of the corporation.

SIGNATURE _____

12. ADDITIONAL REGISTERED AGENTS		13. ADDITIONAL CHANGE OF REGISTERED AGENTS	
NAME PDT DAMONE, MICHAEL G. 261 N GLENHURST DR BIRMINGHAM MI		<input type="checkbox"/> Change <input type="checkbox"/> Add New	
NAME VSD ANDREW, DANIEL R. 16728 PARKLANE DR LIVONIA MI		<input type="checkbox"/> Change <input type="checkbox"/> Add New	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New	

14. I, the undersigned, certify that the information appearing on this report is true and correct, and that I am duly qualified for the position stated in this report. I have read and understand the provisions of the Florida Statutes, Chapter 5, and I hereby agree to be bound by the corporate seal of directors, and I hereby agree to be bound by the laws of the State of Florida, and I hereby agree to be bound by the laws of the State of Florida, and I hereby agree to be bound by the laws of the State of Florida.

SIGNATURE: *Michael P. ...* 4/27/95 810-357-4050

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER IN ONE COLUMN

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H36135** (2)
1. Corporation Name
LEVINE, FRANK & EDGAR, P.A.

Principal Office of Business: **3300 PGA BLVD SUITE 500 PALM BEACH GARDENS FL 33410 US**
Mailing Address: **3300 PGA BLVD SUITE 500 PALM BEACH GARDENS FL 33410 US**

03/21/1994

3. Filing Date: **12/31/1984** Date of Last Report: **03/21/1994**

4. FFI Number: **59-2479297** 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 has liability for corporate tax under Florida Statutes: Yes No

2. Principal Name of Registered Agent: **LEVINE, JAY STEVEN** State: **FL**
2a. Mailing Address: **3300 PGA BLVD SUITE 500 PALM BEACH GARDENS FL 33410 US**
22. City & State: **Palm Beach Gardens FL**
23. Zip: **33410** Country: **US**

9. Name and Address of Current Registered Agent
**LEVINE, JAY STEVEN
3300 PGA BLVD., STE. 500
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 City: _____
B4 State: **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03 of the Florida Statutes, I, the undersigned, hereby certify that the above named corporation(s) submit(s) 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 responsibilities of a registered agent under Florida Statutes.

SIGNATURE: _____

12. OFFICER OR AGENT (SEE NOTES)		13. ADDITIONAL OFFICERS OR AGENTS (SEE NOTES)	
TITLE: PD	NAME: LEVINE, JAY STEVEN STREET ADDRESS: 3300 PGA BLVD., STE. 500 CITY: PALM BCH GRONS FL	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: VP	NAME: FRANK, JEFFREY H. STREET ADDRESS: 3300 PGA BLVD., STE. 500 CITY: PALM BCH GRONS FL	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: ST	NAME: EDGAR, CHARLES W III STREET ADDRESS: 3300 PGA BLVD., STE. 500 CITY: PALM BCH. GARDENS FL	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b) of the Florida Statutes. I further certify that the information on each of the above named officers or agents is true and accurate and that my signature shall have the same legal effect as if made under oath. That I prepare either on direct or indirect employment of the corporation or by one empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a corporation's annual report with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: **LEVINE, JAY STEVEN, V.P.**
Date: **1/28/95** 407-626-4720