

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE
Sandra B. Morfman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H36063 (6)**

1. Corporation Name

DAMONE/ANDREW OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

24800 DENSO DRIVE
SUITE 175
SOUTHFIELD MI 48034
US

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SUITE 175
SOUTHFIELD MI 48034
US

3. Date Incorporated or Qualified
12/31/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **850 STEPHENSON HIGHWAY**

26 **850 STEPHENSON HIGHWAY**

4. FEI Number
59-2489630

Applied For
Not Applicable

22 **SUITE 200**

27 **SUITE 200**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **TROY, MI**

28 **TROY, MI**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **48083**

25 **U.S.**

29 **48083**

30 **U.S.**

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

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 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 state if applicable

IN THE Presence of Agent Signature prepared when first done

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	DAMONE, MICHAEL G.	
STREET ADDRESS	261 N GLENHURST DR	
CITY - ST - ZIP	BIRMINGHAM MI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ANDREW, DANIEL R.	
STREET ADDRESS	16728 PARKLANE DR	
CITY - ST - ZIP	LIVONIA MI	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1258 WATER CLIFF DR.
14 CITY - ST - ZIP	BLOOMFIELD HILLS, MI 48302
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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.

SIGNATURE: *Michael G. Damon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 *810-583-6020*
Date Date/Time Phone #

CR2E034 (12/95)