

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01718** (6)

1. Corporation Name

DAMONE/ANDREW INVESTMENT CO.

Principal Place of Business

Mailing Address

850 STEPHENSON HWY., SUITE 600
TROY MI 48063

850 STEPHENSON HWY., SUITE 600
TROY MI 48063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/23/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **38-2526899** Applied For Not Applicable

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

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 190.037 Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **850 Stephenson Hwy.**

26 **850 Stephenson Hwy.**

22 **Suite #200**

27 **Suite #200**

23 **Troy, MI**

28 **Troy, MI**

24 **48083**

29 **48083**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROCKE, MICHAEL T.
101 E. KENNEDY BOULEVARD
SUITE 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

(Type or print name of registered agent and the filer on this line)

(Type or print name of registered agent when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **DAMONE, MICHAEL G.**
STREET ADDRESS **261 NORTH GLENHURST DR**
CITY-STATE-ZIP **BIRMINGHAM MI**

1.1 TITLE **PD** Change Addition
1.2 NAME **Damone, Michael G.**
1.3 STREET ADDRESS **1258 Water Cliff Dr.**
1.4 CITY-STATE-ZIP **Bloomfield Hills, MI 48302-1974**

TITLE **VSD**
NAME **ANDREW, DANIEL R.**
STREET ADDRESS **16728 PARKLANE DRIVE**
CITY-STATE-ZIP **LIVONIA MI**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **TSD**
NAME **HURLEY, JOAN W.**
STREET ADDRESS **37137 TRICIA DRIVE**
CITY-STATE-ZIP **STERLING HTS. MI**

3.1 TITLE **TSD** Change Addition
3.2 NAME **Damone, Michael G**
3.3 STREET ADDRESS **1258 Water Cliff Dr.**
3.4 CITY-STATE-ZIP **Bloomfield Hills, MI 48302-1974**

TITLE **V**
NAME **RABBIDEAU, RICHARD E**
STREET ADDRESS **400 RENAISSANCE CENTER, 35TH FLOOR**
CITY-STATE-ZIP **DETROIT MI**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 110.073(b), 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 registered agent 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, as appropriate, on an attached page with my title.

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

4/17/95
DATE