

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P01718 (6)**

1. Corporation Name  
**DAMONE/ANDREW INVESTMENT CO.**



Principal Place of Business: **850 STEPHENSON HWY., SUITE 600 SUITE #200 TROY MI 48063 US**  
Mailing Address: **850 STEPHENSON HWY., SUITE 600 SUITE #200 TROY MI 48063 US**

3. Date Incorporated or Qualified: **04/23/1984**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **38-2526899**  
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 intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **850 STEPHENSON HWY SUITE # 200 TROY, MI 48063**  
2a. Mailing Address: **850 STEPHENSON SUITE # 200 TROY, MI 48063**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

9. Name and Address of Current Registered Agent  
**TROCKE, MICHAEL T.  
101 E. KENNEDY BOULEVARD  
SUITE 2500  
TAMPA FL 33602**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAMONE, MICHAEL G.	
STREET ADDRESS	1258 WATER CLIFF DR.	
CITY - ST - ZIP	BLOOMFIELD MI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ANDREW, DANIEL R.	
STREET ADDRESS	16728 PARKLANE DRIVE	
CITY - ST - ZIP	LIVONIA MI	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	DAMONE, MICHAEL G.	
STREET ADDRESS	1258 WATER CLIFF DR	
CITY - ST - ZIP	BLOOMFIELD HILLS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RABBIDEAU, RICHARD E	
STREET ADDRESS	400 RENAISSANCE CENTER, 35TH FLOOR	
CITY - ST - ZIP	DETROIT MI	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
6. 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, unchanged, or in an attachment with an address.

SIGNATURE: *x Michael G. Damone* #/26/96 810-583-6000  
DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)