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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCL	<b>IMFNT#</b>

1. Corporation	MENT # P1311.  ORTH, INC.	5 (1)				
Principal Place	of Business	Mailing Address			i ein eigh blan blan bir bh	
•	RTH CENTER	ONE HAWORTH CENT HOLLAND MI 49423	TER			
				3. Date Incorporated or Qualified 02/05/1987	3a. Date of Last R	•
2. Principa! Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
Cuita Ant d	H -11-	26		38-6053093	<del></del>	Not Applicable
Suite, Apt. # 2	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional Required
City & State		City & State		6. Election Campaign Financing		O May Be
3		28		Trust Fund Contribution		U May Be d to Fees
Zip	Cauntry	Zip	Country	8. This corporation has liability for in		
4	25	29	[30]	Florida Statutes X Yes		
	9. Name and Address of Current	Registered Agent	05 14	10. Name and Address of New Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·
	DOODATION OVOTER		81 Name			
	RPORATION SYSTEM		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	. PINE ISLAND ROAD		83			
PLANIA	ATION FL 33324		65			
			84 City		FL B5 Zij	p Code
					FLI	
11. Pursuant to	o the provisions of Sections 607 0502 a	and 607 1508. Florida Statute	s the above-panied como	pration submits this statement for the num	one of changing its s	naictored office
or registere	ed agent, or both, in the State of Fiorida	₃. Such change was authoriz∈	ed by the corporation's boa	pration submits this statement for the purp ard of directors. I hereby accept the appoi	one of changing its s	egistered office Lagent. Lam
familiar witi	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida h, and accept the obligations of, Section	₃. Such change was authoriz∈	ed by the corporation's boa	pration submits this statement for the purp ard of directors. I hereby accept the appoi	one of changing its s	egistered office Lagent. Lam
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

T. Marause 4110196 616-393-1855

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Object

Object