

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:30

DOCUMENT # P13634 (1)
1. Corporation Name
KEARNEY CREDIT INCORPORATED

Principal Place of Business Mailing Address
16950 MASONIC BLVD. FRASER MI 48026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/17/1987	3a. Date of Last Report 02/09/1994
4. FEI Number 38-1919212	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 intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEARNEY, FRANK X.
STREET ADDRESS	6234 CRESCENT WAY
CITY - ST - ZIP	TROY MI
TITLE	VD
NAME	KEARNEY, PATRICK W.
STREET ADDRESS	3885 OLD CREEK
CITY - ST - ZIP	TROY MI
TITLE	VD
NAME	KEARNEY, JAMES J.
STREET ADDRESS	35038 HIDDEN COVE CT
CITY - ST - ZIP	MT CLEMENS MI
TITLE	STD
NAME	KEARNEY, PATRICIA A.
STREET ADDRESS	6234 CRESCENT WAY
CITY - ST - ZIP	TROY MI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	See Attached.
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
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 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 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 as an attachment with an address.

SIGNATURE: *Patrick W. Kearney* Patrick W. Kearney 6/19/95 (810) 294-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TITLE

CR2E034 (3/95)

P13634

SCHEDULE OF OFFICERS & DIRECTORS

Frank X. Kearney Chairman/Director
6234 Crescent Way
Troy, MI 48098

Patrick W. Kearney President/Director
Asst. Secretary
3885 Old Creek Road
Troy, MI 48084

James J. Kearney Vice-President/Director
35036 Hidden Cove Court
Mount Clemens, MI 48045

Patricia A. Kearney Secretary/Treasury/Director
6234 Crescent Way
Troy, MI 48098

Timothy J. Kearney Director
52518 Kelly Drive
Mt. Clemens, MI 48044

The business address and telephone number for all of the above is:

16950 Masonic Boulevard, Fraser, Michigan 48026

(810) 294-5700 - Fax (810) 294-4404