

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>16950 MASONIC BLVD. FRASER MI 48026</b>	Mailing Address <b>16950 MASONIC BLVD. FRASER MI 48026</b>
---	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/17/1987</b>	3a. Date of Last Report <b>06/28/1995</b>
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number <b>38-1919212</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type: (1) Corp. (2) General Agent (3) Director (4) Agent in Charge (5) Registered Agent Signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEARNEY, FRANK X.</b>	1.2 NAME	
STREET ADDRESS	<b>6234 CRESCENT WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEARNEY, PATRICK W.</b>	2.2 NAME	
STREET ADDRESS	<b>3885 OLD CREEK</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEARNEY, JAMES J.</b>	3.2 NAME	
STREET ADDRESS	<b>35036 HIDDEN COVE CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MT CLEMENS MI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEARNEY, PATRICIA A.</b>	4.2 NAME	
STREET ADDRESS	<b>6234 CRESCENT WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>KEARNEY, TIMOTHY J.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>52518 KELLY DRIVE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>MT. CLEMENS, MI 48044</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes, and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel Kearney, Pres.* **6/7/96 810-294-5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (3/96)