

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

4-16-96 B-3624-C

DOCUMENT # P18229 (5)

1. Corporation Name

GABRIEL, ROEDER, SMITH & COMPANY



Principal Place of Business

Mailing Address

1000 TOWN CENTER
SUITE 1000
SOUTHFIELD MI 48075
US

1000 TOWN CENTER
SUITE 1000
SOUTHFIELD MI 48075
US

3. Date Incorporated or Qualified
03/03/1988

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

38-1691268

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

George S. Ling

82 Street Address (P.O. Box Number is Not Acceptable)

7320 Griffin Road Suite 201

83

West Broward Professional Bldg

84 City

Ft Lauderdale

FL

85 Zip Code 33314

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

George S. Ling
Signature, typed or printed name of registered agent as of 1/16/96

Executive Vice President
Signature, typed or printed name of registered agent as of 1/16/96

DATE: Jan 18, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, NORMAN L.	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SONNANSTINE, ALAN E.	
STREET ADDRESS	101 N MAIN, STE 440	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, SHIRLEY B.	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, RONALD J.W.	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LING, GEORGE S	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48075	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRACCIALARGHE, THEORA P	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48075	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	1000 Town Center, Suite 1000
2.4 CITY-ST-ZIP	Southfield MI 48075
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1000 Town Center, Suite 1000
3.4 CITY-ST-ZIP	Southfield MI 48075
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D T
4.3 STREET ADDRESS	Murphy Brian B
4.4 CITY-ST-ZIP	1000 Town Center, Suite 1000 Southfield MI 48075
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	7320 Griffin Road, Suite 201
5.4 CITY-ST-ZIP	Ft Lauderdale, FL 33314
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	7320 Griffin Road, Suite 201
6.4 CITY-ST-ZIP	Ft Lauderdale, FL 33314

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 if changed, or on an attachment with an address.

SIGNATURE:

Shirley Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

810-799-9000
Daytime Phone #

CR2E034 (12/95)