

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**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 48075-1226 US**

3. Date Incorporated or Qualified **03/03/1988** 3a. Date of Last Report **04/16/1996**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Site, Apt. #, etc.	Site, Apt. #, etc.	<b>38-1691268</b>	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	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>LING, GEORGE S. 7320 GRIFFIN ROAD SUITE 201 WEST BROWARD PROFESSIONAL BLDG FT LAUDERDALE FL 33314</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85 Zip Code <b>FL</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, NORMAN L.</b>	1.2 NAME	
STREET ADDRESS	<b>1000 TOWN CENTER, STE 1000</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SOUTHFIELD MI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SONNANSTINE, ALAN E.</b>	2.2 NAME	
STREET ADDRESS	<b>1000 TOWN CENTER SUITE 1000</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SOUTHFIELD MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, SHIRLEY B.</b>	3.2 NAME	
STREET ADDRESS	<b>1000 TOWN CENTER SUITE 1000</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SOUTHFIELD MI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAIN, MURPHY B.</b>	4.2 NAME	
STREET ADDRESS	<b>1000 TOWN CENTER SUITE 1000</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SOUTHFIELD MI</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LING, GEORGE S</b>	5.2 NAME	
STREET ADDRESS	<b>7320 GRIFFIN ROAD SUITE 201</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRACCIALARGHE, THEORA P</b>	6.2 NAME	
STREET ADDRESS	<b>7320 GRIFFIN ROAD SUITE 201</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT LAUDERDALE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Norman Jones 3/3/97 810-799-9000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)