

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

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18229 (5)**  
 1. Corporation Name  
**GABRIEL, ROEDER, SMITH & COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1000 TOWN CENTER SUITE 1000 SOUTHFIELD MI 48075 US</b>		Mailing Address <b>1000 TOWN CENTER SUITE 1000 SOUTHFIELD MI 48075 US</b>	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>03/03/1988</b>	4. FEI Number <b>38-1691268</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
24		29	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LING, GEORGE S.**  
**7320 GRIFFIN ROAD SUITE 201**  
**WEST BROWARD PROFESSIONAL BLDG**  
**FT LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>301 East Las Olas Blvd</b>
83	<b>Suite 200</b>
84 City	<b>Ft Lauderdale</b>
85 Zip Code	<b>FL 33301</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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, NORMAN L.</b>	
STREET ADDRESS	<b>1000 TOWN CENTER, STE 1000</b>	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SONNANSTINE, ALAN E.</b>	
STREET ADDRESS	<b>1000 TOWN CENTER SUITE 1000</b>	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, SHIRLEY B.</b>	
STREET ADDRESS	<b>1000 TOWN CENTER SUITE 1000</b>	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAIN, MURPHY B.</b>	
STREET ADDRESS	<b>1000 TOWN CENTER SUITE 1000</b>	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LING, GEORGE S</b>	
STREET ADDRESS	<b>7320 GRIFFIN ROAD SUITE 201</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRACCIALARGHE, THEORA P</b>	
STREET ADDRESS	<b>7320 GRIFFIN ROAD SUITE 201</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Shirley B. Williams* **SHIRLEY B. WILLIAMS** 1/19/98 248-799-9000

CR2E034 (10/97)