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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90003 010 ***300.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P18229

1. Corporation Name
GABRIEL, ROEDER, SMITH & COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1000 TOWN CENTER **1000 TOWN CENTER**
SUITE 1000 **SUITE 1000**
SOUTHFIELD MI 48075 **SOUTHFIELD MI 48075**
US **US**

3. Date Incorporated or Qualified
03/03/1988

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 owes the current year Intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LING, GEORGE S.
301 EAST LAS OLAS BLVD
STE. 200
FT LAUDERDALE FL 33301

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FT Lauderdale** **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	Zip 48075
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Thomas J. Cavanagh
23 STREET ADDRESS	1000 Town Center Suite 1000
24 CITY-ST-ZIP	Southfield MI 48075
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	Zip 48075
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	Zip 48075
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	301 E Las Olas Blvd, Suite 201
54 CITY-ST-ZIP	Zip 33301
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	301 E Las Olas Blvd, Suite 201
64 CITY-ST-ZIP	Zip 33301

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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 **248-799-9060**
 Date Daytime Phone #

CR2E034 (1/198)