

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25803** (8)

1. Corporation Name
DAHLMANN APARTMENTS LTD., CORPORATION



Principal Place of Business: **300 SOUTH THAYER STREET ANN ARBOR MI 48104**
Mailing Address: **300 SOUTH THAYER STREET ANN ARBOR MI 48104**

2. Principal Place of Business: 21 State Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **08/29/1989**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **38-1944866**
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

**DAHLMANN, DENNIS A.
2959 WEST GULF DRIVE, UNITE 302
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or new street 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 607.0606, Florida Statutes.

SIGNATURE

Name of Registered Agent (Print Name and Title)

Name of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: **PSD**
1.2 NAME: **DAHLMANN, DENNIS A.**
1.3 STREET ADDRESS: **2959 WEST GULF DRIVE**
1.4 CITY-STATE-ZIP: **SANIBEL FL**
1.5 TITLE: **V**
1.6 NAME: **ZARNOWITZ, STEVEN**
1.7 STREET ADDRESS: **3275 CHERRY HILL**
1.8 CITY-STATE-ZIP: **ANN ARBOR MI**
1.9 TITLE: **T**
1.10 NAME: **MILNE, SUSAN G.**
1.11 STREET ADDRESS: **1705 MORTON**
1.12 CITY-STATE-ZIP: **ANN ARBOR MI**
1.13 TITLE: **D**
1.14 NAME: **DAHLMANN, NEIL O.**
1.15 STREET ADDRESS: **300-D PARK AVENUE**
1.16 CITY-STATE-ZIP: **HIGHLAND PARK IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-STATE-ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS: **10620 Macon Road**
2.4 CITY-STATE-ZIP: **Saline, MI 48176**
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-STATE-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-ZIP:

14. I 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 (changed, or omitted) in attachment with an address.

SIGNATURE: *Steven Zarnowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 313-761-7600
DATE FILING STATE FEE

CR2E034 (12/95)