

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

CORPORATION
ANNUAL REPORT
1995



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

AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40065** (5)
1. Corporation Name
D. A. DEBENEDICTIS, LTD., INC.

Principal Place of Business: **31000 TELEGRAPH RD. SUITE 100 BINGHAM FARMS MI 48025**
Mailing Address: **31000 TELEGRAPH RD. SUITE 100 BINGHAM FARMS MI 48025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/17/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **38-2349306**
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. The corporation has liability for intangible tax under S. 109 (3)(2) Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
**DEBENEDICTIS, DAVID A.
2255 GLADES RD, SUITE 324 ATRIUM
BOCA RATON FL 33431**

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 607.0502 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 _____ DATE _____
Signature typed or printed name of registered agent under 11.0505. 1201. Registered Agent signature required when revoking.

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEBENEDICTIS, DAVID A.
STREET ADDRESS	2689 NW 48TH ST.
CITY, ST, ZIP	BOCA RATON FL
TITLE	AS
NAME	DUCHARME, PATRICIA A.
STREET ADDRESS	2685 COLONIAL WAY
CITY, ST, ZIP	BLOOMFIELD HILLS MI
TITLE	ST
NAME	DEBENEDICTIS, JANICE E.
STREET ADDRESS	2689 NW 48TH ST.
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information indicated on this Annual report or supplementary 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 trustee 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 addendum.

SIGNATURE: *Patricia A. Ducharme* **PATRICIA A. DUCHARME**
DATE: **4/27/95**
Phone: **(810) 644-1901**