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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 AM 10:44

DOCUMENT # **668562** (2)  
1. Corporation Name  
**XANADU OF COCOA BEACH, INC.**

Principal Place of Business Mailing Address  
**710 N PLANKINTON AVE** **710 N PLANKINTON AVE**  
**MILWAUKEE WI 53203-2404** **MILWAUKEE WI 53203-2404**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/01/1980** 3a. Date of Last Report **06/22/1994**

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 **39-1397703** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-designating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SV</b> <b>YOUNG, JAMES B</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE WI</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>STEIN, GERALD</b> <b>710 N. PLANKINTON AVE.</b> <b>MILWAUKEE WI</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>BENNETT, BRENDA</b> <b>3000 N ATLANTIC BLVD STE 205</b> <b>COCOA BEACH, FL 00000</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ZILBER, JOSEPH J.</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE WI</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>JANZ, JAMES F</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE WI</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WIGCHERS, ARTHUR W., JR.</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE WI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>BORRIS, JAMES D.</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE, WI 53203</b>
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FV</b> <b>BRAUN, ROBERT E.</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE, WI 53203</b>
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T</b> <b>CHEVALIER, STEPHAN J.</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE, WI 53203</b>
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AS</b> <b>MADIGAN, MARK S.</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE, WI 53203</b>
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AS</b> <b>ZORDANI, JAN M.</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE, WI 53203</b>
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 in an attachment with an address.

SIGNATURE: Mark S. Madigan February 2, 1995 (414) 274-2433  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR  
Mark S. Madigan, Assistant Secretary