

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **668562** (2)
1. Corporation Name
TRI-DANFORTH APARTMENTS, INC.



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

3. Date Incorporated or Qualified: **05/01/1980**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **39-1397703**
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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

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 **85** Zip Code **FL**

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: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BORRIS, JAMES D.	
13 STREET ADDRESS	710 N. PLANKINTON AVE., #1200	
14 CITY-ST-ZIP	MILWAUKEE, WI 53203	
21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BRAUN, ROBERT E.	
23 STREET ADDRESS	710 N. PLANKINTON AVE., #1200	
24 CITY-ST-ZIP	MILWAUKEE, WI 53203	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CHEVALIER, STEPHAN J.	
33 STREET ADDRESS	710 N. PLANKINTON AVE., #1200	
34 CITY-ST-ZIP	MILWAUKEE, WI 53203	
41 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	MADIGAN, MARK S.	
43 STREET ADDRESS	710 N. PLANKINTON AVE., #1200	
44 CITY-ST-ZIP	MILWAUKEE, WI 53203	
51 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ZORDANI, JAN M.	
53 STREET ADDRESS	710 N. PLANKINTON AVE., #1200	
54 CITY-ST-ZIP	MILWAUKEE, WI 53203	
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 19.07(3)(a), 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: *Mark S. Madigan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark S. Madigan, Assistant Secretary

01/19/96 (414) 274-2433
Date, Time, Phone #

CR2E034 (12/95)