

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H03175 (7)**

1. Corporation Name  
**CAPE WINDS, 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**

21. Principal Place of Business: State, Apt. #, etc.; City & State; Zip; Country  
22. Mailing Address: State, Apt. #, etc.; City & State; Zip; Country

3. Date Incorporated or Qualified: **05/11/1984**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **39-1485729**  
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; 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1. TITLE: <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>ZILBER, JOSEPH J.</b>		12. NAME: <b>BORRIS, JAMES D.</b>	
STREET ADDRESS: <b>710 N. PLANKINTON AVENUE</b>		13. STREET ADDRESS: <b>710 N. PLANKINTON AVENUE</b>	
CITY-STATE-ZIP: <b>MILWAUKEE WI</b>		14. CITY-STATE-ZIP: <b>MILWAUKEE, WI 53203</b>	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	2. TITLE: <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>WIGCHERS, ARTHUR W.</b>		22. NAME: <b>BRAUN, ROBERT E.</b>	
STREET ADDRESS: <b>710 N. PLANKINTON AVE.</b>		23. STREET ADDRESS: <b>710 N. PLANKINTON AVENUE</b>	
CITY-STATE-ZIP: <b>MILWAUKEE WI</b>		24. CITY-STATE-ZIP: <b>MILWAUKEE, WI 53203</b>	
TITLE: <b>DV</b>	<input type="checkbox"/> DELETE	3. TITLE: <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>STEIN, GERALD</b>		32. NAME: <b>MADIGAN, MARK S.</b>	
STREET ADDRESS: <b>710 N. PLANKINTON AVENUE</b>		33. STREET ADDRESS: <b>710 N. PLANKINTON AVENUE</b>	
CITY-STATE-ZIP: <b>MILWAUKEE WI</b>		34. CITY-STATE-ZIP: <b>MILWAUKEE, WI 53203</b>	
TITLE: <b>T</b>	<input type="checkbox"/> DELETE	4. TITLE: <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CHEVALIER, STEPHEN J.</b>		42. NAME: <b>Chevalier, STEPHAN J. (not STEPHEN J.)</b>	
STREET ADDRESS: <b>710 N. PLANKINTON AVE.</b>		43. STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MILWAUKEE WI</b>		44. CITY-STATE-ZIP: _____	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	5. TITLE: <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>JANZ, JAMES F.</b>		52. NAME: <b>ZORDANI, JAN</b>	
STREET ADDRESS: <b>710 N. PLANKINTON AVENUE</b>		53. STREET ADDRESS: <b>710 N. PLANKINTON AVENUE</b>	
CITY-STATE-ZIP: <b>MILWAUKEE WI</b>		54. CITY-STATE-ZIP: <b>MILWAUKEE, WI 53203</b>	
TITLE: <b>VS</b>	<input type="checkbox"/> DELETE	6. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>YOUNG, JAMES B.</b>		62. NAME: _____	
STREET ADDRESS: <b>710 N. PLANKINTON AVENUE</b>		63. STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MILWAUKEE WI</b>		64. CITY-STATE-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)(k), Florida Statutes. I further certify that the information included 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

CR2E034 (12/95)