

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

**APPROVED
AND
FILED**

95 JAN 30 AM 7:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J33910 (7)
1. Corporation Name
TOWNE REALTY OF WEST FLORIDA, INC.

Principal Place of Business Mailing Address
**710 N. PLANKINTON AVE.
C/O ALICIA MULDER
MILWAUKEE WI 53203** **710 N. PLANKINTON AVE.
C/O ALICIA MULDER
MILWAUKEE WI 53203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/18/1986 **06/24/1994**

2. Principal Place of Business 2a. Mailing Address
21 **710 N. Plankinton Avenue** 26 **710 N. Plankinton Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite #1200** 27 **Suite #1200**
City & State City & State
23 **Milwaukee, WI 53203** 28 **Milwaukee, WI 53203**
Zip Country Zip Country
24 **53203-2404** 25 **USA** 29 **53203-2404** 30 **USA**

4. FEI Number Applied For
39-1576894 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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ZILBER, JOSEPH
STREET ADDRESS	710 N. PLANKINTON
CITY-ST-ZIP	MILWAUKEE WI
TITLE	P
NAME	WIGCHERS, ARTHUR
STREET ADDRESS	710 N. PLANKINTON
CITY-ST-ZIP	MILWAUKEE WI
TITLE	V
NAME	BORRIS, JAMES D.
STREET ADDRESS	710 N. PLANKINTON
CITY-ST-ZIP	MILWAUKEE WI
TITLE	VS
NAME	YOUNG, JAMES B.
STREET ADDRESS	710 N. PLANKINTON
CITY-ST-ZIP	MILWAUKEE WI
TITLE	FV
NAME	BRAUN, ROBERT E.
STREET ADDRESS	710 N. PLANKINTON
CITY-ST-ZIP	MILWAUKEE WI
TITLE	AS
NAME	MADIGAN, MARK S.
STREET ADDRESS	710 N. PLANKINTON
CITY-ST-ZIP	MILWAUKEE WI

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSE C. MARTENS	
1.3 STREET ADDRESS	6657 Meandering Way	
1.4 CITY-ST-ZIP	Bradenton, FL 34202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 199.07(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 my name or initials appear 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 FILING OFFICER OR DIRECTOR
Mark S. Madigan - Assistant Secretary

1/16/95
Date

(414) 274-2434
Telephone Number