

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P33691** (7)
THE CRAMER-KRASSELT CO.

95 MAY -1 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 225 E ROBINSON ST STE 570 ORLANDO FL 32801-4322 US
Mailing Address: 225 E ROBINSON ST STE 570 ORLANDO FL 32801-4322 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1991	3a. Date of Last Report 04/27/1994
4. FEI Number 39-0227400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under § 199.037, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MATHEWS, FRANCESCA
225 E ROBINSON ST
STE 570
ORLANDO FL 32802

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 (b)(2) and 607 15(b), 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 05(b), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2	
TITLE	CEO COUNSELL, PAUL S. 733 N. VAN BUREN ST. MILWAUKEE WI	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CVD COUNSELL, PAUL S. 733 N. VAN BUREN ST. MILWAUKEE WI	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD KRIVKOVICH, PETER 225 N. MICHIGAN AVE, 24FL CHICAGO IL	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	VD CASEY NEIL P 733 N VAN BUREN ST MILWAUKEE WI	13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	T BRADLEY, ROBERT J. 733 N. VAN BUREN ST. MILWAUKEE WI	13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	SD BENTLEY, PAUL M. 733 N. VAN BUREN ST. MILWAUKEE WI	13. 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 Sections 199.07(3)(b), 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 of this document or on an attachment with an address.

SIGNATURE: *Robert J. Bradley* Robert J. Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-25-95 414-227-3500