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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000005531 (7)

1. Corporation Name
Z.R.W. CORPORATION



Principal Place of Business: **710 N PLANKINTON 12TH FLOOR MILWAUKEE WI 53203**
 Mailing Address: **710 N PLANKINTON 12TH FLOOR MILWAUKEE WI 53203-2404**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified: **01/25/1993**
 3a. Date of Last Report: **02/20/1996**
 4. FEI Number: **39-1753819**
 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
**C T CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ZILBER, JOSEPH J	1.2 NAME	BRAUN, ROBERT E.
STREET ADDRESS	710 N PLANKINTON AVE	1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI 53203	1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P WIGCHERS, ARTHUR W. J	2.2 NAME	PLEASE CHANGE THE J. TO JR.
STREET ADDRESS	710 N PLANKINTON AVE	2.3 STREET ADDRESS	PLEASE TAKE THE P OUT OF MILWAUKEE
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V STEIN, GERALD	3.2 NAME	T CHEVALIER, STEPHAN J.
STREET ADDRESS	710 N PLANKINTON AVE	3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V JANZ, JAMES F	4.2 NAME	V LAABS, SUSAN K.
STREET ADDRESS	710 N PLANKINTON AVE	4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VS YOUNG, JAMES B	5.2 NAME	AS MADIGAN, MARK S.
STREET ADDRESS	710 N PLANKINTON AVE	5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V BORRIS, JAMES D	6.2 NAME	AS BENNETT, BRENDA
STREET ADDRESS	710 N PLANKINTON AVE	6.3 STREET ADDRESS	3000 N. ATLANTIC AVE., SUITE 205
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	COCOA BEACH, FL 32931

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **Mark S. Madigan,** Assistant Secretary 1/9/97 (414) 274-2433

CR2E034 (9/96)