

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/25/1993	
4. FEI Number 39-1753819	Applied For <input type="checkbox"/> 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
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ZILBER, JOSEPH J
STREET ADDRESS	710 N PLANKINTON AVE
CITY-ST-ZIP	MILWAUKEE WI 53203
TITLE	P <input type="checkbox"/> DELETE
NAME	WIGCHERS, ARTHUR W. JR.
STREET ADDRESS	710 N PLANKINTON AVE
CITY-ST-ZIP	MILWAUKEE WI
TITLE	V <input type="checkbox"/> DELETE
NAME	STEIN, GERALD
STREET ADDRESS	710 N PLANKINTON AVE
CITY-ST-ZIP	MILWAUKEE WI
TITLE	V <input type="checkbox"/> DELETE
NAME	JANZ, JAMES F
STREET ADDRESS	710 N PLANKINTON AVE
CITY-ST-ZIP	MILWAUKEE WI
TITLE	VS <input type="checkbox"/> DELETE
NAME	YOUNG, JAMES B
STREET ADDRESS	710 N PLANKINTON AVE
CITY-ST-ZIP	MILWAUKEE WI
TITLE	V <input type="checkbox"/> DELETE
NAME	BORRIS, JAMES D
STREET ADDRESS	710 N PLANKINTON AVE
CITY-ST-ZIP	MILWAUKEE WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRAUN, ROBERT E.
1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRANDLICH, JOHN R.
2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LAABS, SUSAN K.
3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MADIGAN, MARK S.
4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHEVALIER, STEPHAN J.
5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BENNETT, BRENDA
6.3 STREET ADDRESS	3000 N. ATLANTIC BLVD., SUITE 205
6.4 CITY-ST-ZIP	COCOA BEACH, FL 32931

14. I 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
 Assistant Secretary 1/28/98 (414) 274-2433

CR2E084 (10/97)