

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

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
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DOCUMENT # P95000028228 (1)
 1. Corporation Name
SHOREWOOD OF CAPE CANAVERAL, INC.



Principal Place of Business 710 N. PLANKINTON AVE. SUITE 1200 MILWAUKEE WI 53203	Mailing Address 710 N. PLANKINTON AVE. SUITE 1200 MILWAUKEE WI 53203-2411
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last Report 02/20/1996
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.	4. FEI Number 39-1817298	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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
 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 <input type="checkbox"/> DELETE	1.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZILBER, JOSEPH J	1.2 NAME	YOUNG, JAMES B.
STREET ADDRESS	710 N. PLANKINTON AVE.	1.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
CITY-ST-ZIP	MILWAUKEE WI 53203	1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGCHERS, ARTHUR W. J	2.2 NAME	Please change the <u>J</u> to <u>Jr.</u>
STREET ADDRESS	710 N PLANKINTON AVE, #1200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANZ, JAMES F.	3.2 NAME	BENNETT, BRENDA
STREET ADDRESS	710 N. PLANKINTON AVE, #1200	3.3 STREET ADDRESS	3000 N. ATLANTIC AVENUE, #205
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, GERALD	4.2 NAME	CHEVALIER, STEPHAN J.
STREET ADDRESS	710 N. PLANKINTON AVE, #1200	4.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORRIS, JAMES D.	5.2 NAME	MADIGAN, MARK S.
STREET ADDRESS	710 N PLANKINTON AVE, #1200	5.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, ROBERT E	6.2 NAME	ZORDANI, JAN M.
STREET ADDRESS	710 N PLANKINTON AVE, #1200	6.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	MILWAUKEE, WI 53203

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)