

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>710 N. PLANKINTON AVE. SUITE 1200 MILWAUKEE WI 53203</b>	Mailing Address <b>710 N. PLANKINTON AVE. SUITE 1200 MILWAUKEE WI 53203</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/10/1995</b>	
21	22	26	27	4. FEI Number <b>39-1817298</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	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	
Zip		Country			

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

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*  
**Mark S. Madigan**  
 Assistant Secretary 1/28/98 (414) 274-2433

CP2E034 (10/97)