

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90160 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000028228**

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
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DO NOT WRITE IN THIS SPACE

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	3. Date Incorporated or Qualified 04/10/1995	4. FEI Number 39-1817298	Applied For Not Applicable
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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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT 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 607.0507 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	D <input type="checkbox"/> DELETE	1.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZILBER, JOSEPH J	1.2 NAME	BENNETT, BRENDA
STREET ADDRESS	710 N. PLANKINTON AVE.	1.3 STREET ADDRESS	3000 N. Atlantic Avenue, #205
CITY-ST-ZIP	MILWAUKEE WI 53203	1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGCHERS, ARTHUR W. JR.	2.2 NAME	GRANDLICH, JOHN R.
STREET ADDRESS	710 N PLANKINTON AVE. #1200	2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANZ, JAMES F.	3.2 NAME	YOUNG, JAMES B.
STREET ADDRESS	710 N. PLANKINTON AVE. #1200	3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	TR <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 AVENUE, #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	DELISLE, SANDRA J.
STREET ADDRESS	710 N PLANKINTON AVE. #1200	5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #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	MADIGAN, MARK S.
STREET ADDRESS	710 N PLANKINTON AVE. #1200	6.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	MILWAUKEE, WI 53203

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark S. Madigan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Madigan  
 Assistant Secretary 1/18/99 (414) 274-2433  
 Date Daytime Phone #

CR2E034 (11/98)