

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 # P95000075181 (4)
 1. Corporation Name
TOWNE DEVELOPMENT OF MERRITT ISLAND, INC.



Principal Place of Business 710 NORTH PLANKINTON AVENUE SUITE #1200 MILWAUKEE WS 53200	Mailing Address 710 NORTH PLANKINTON AVENUE SUITE #1200 MILWAUKEE WS 53200-2411
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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 Country
24 Country	29 Zip
25 Zip	30 Country

3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report 02/20/1996
4. FEI Number 39-1832596	Applied For 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 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZILBER, JOSEPH J	
STREET ADDRESS	710 NORTH PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WS 53203	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WIGCHERS, ARTHUR W. JR	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEIN, GERALD	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JANZ, JAMES F.	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	YOUNG, JAMES B.	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAUN, ROBERT E.	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	The State is Wisconsin WI not WS
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/AS
2.3 STREET ADDRESS	BENNETT, BRENDA
2.4 CITY-ST-ZIP	3000 N. ATLANTIC BLVD., SUITE 205 COCOA BEACH, FL 32931
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	BORRIS, JAMES D.
3.4 CITY-ST-ZIP	710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/T
4.3 STREET ADDRESS	CHEVALIER, STEPHAN J.
4.4 CITY-ST-ZIP	710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	MADIGAN, MARK S.
5.4 CITY-ST-ZIP	710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	ZORDANI, JAN M.
6.4 CITY-ST-ZIP	710 N. PLANKINTON AVENUE #1200 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*
 Assistant Secretary 1/9/97 (414) 274-2433

CR2E034 (9/96)