

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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075181 (4)

1. Corporation Name
TOWNE DEVELOPMENT OF MERRITT ISLAND, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 710 NORTH PLANKINTON AVENUE SUITE #1200 MILWAUKEE WS 53203	Mailing Address 710 NORTH PLANKINTON AVENUE SUITE #1200 MILWAUKEE WS 53203
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3. Date Incorporated or Qualified
09/29/1995

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

4. FEI Number **39-1832596**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZILBER, JOSEPH J	
STREET ADDRESS	710 NORTH PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
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	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENNETT, BRENDA	
1.3 STREET ADDRESS	3000 N. ATLANTIC BLVD., SUITE 205	
1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENNETT, JACK	
2.3 STREET ADDRESS	3000 N. ATLANTIC BLVD., SUITE 205	
2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BORRIS, JAMES D.	
3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRANDLICH, JOHN R.	
4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MADIGAN, MARK S.	
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	DELISLE, SANDRA J.	
6.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
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 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

CR2E034 (10/97)