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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90191 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000075181

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

3. Date Incorporated or Qualified
09/29/1995

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
39-1832596

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

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

City & State
 23

City & State
 28

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

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PLEASE SEE ATTACHED LIST FOR ADDITIONAL OFFICERS
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, 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 (1/98)

TOWNE DEVELOPMENT OF MERIT ISLAND, INC.
DOCUMENT NO. P98000072097

ADDITIONAL OFFICERS:

V/AS
BENNETT, BRENDA
3000 N. ATLANTIC AVENUE, #205
COCOA BEACH, FL 32931

535326-90191-44
P95000075181

V
BENNETT, JACK
3000 N. ATLANTIC AVENUE, #205
COCOA BEACH, FL 32931

V
BORRIS, JAMES.D.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

V/TR
CHEVALIER, STEPHAN J.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

V
GRANDLICH, JOHN R.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

AS
DELISLE, SANDRA J.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

AS
MADIGAN, MARK S.
710 NORTH PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203