

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90002 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 358548			
1. Corporation Name CHUDNOW CONSTRUCTION CO OF FLORIDA INC			
Principal Place of Business 3400 BURNS RD. #104 PALM BEACH GARDENS FL 33410		Mailing Address 839 N. 11TH ST. MILWAUKEE WI 53233	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 01/22/1970	
21	2a. Mailing Address	4. FEI Number 39-1141684	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	2c. Mailing Address	7. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	2d. Mailing Address	9. Name and Address of Current Registered Agent	
Country		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent		81 Name SILVA, YOLANDA	
SLEETER, GERALD F. 3400 BURNS RD. SUITE 104 PALM BEACH GARDENS FL 33410		82 Street Address (P.O. Box Number is Not Acceptable) 3400 BURNS ROAD.	
		83 SUITE 104	
		84 City PALM BEACH GARDENS FL 85 Zip Code 33410	
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 <i>[Signature]</i>		DATE X 8/4/99	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUDNOW, A.M.	1.2 NAME	
STREET ADDRESS	839 N. 11TH ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MILWAUKEE WI	1.4 CITY-STATE-ZIP	
TITLE	DSV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUDNOW, JOSEPH	2.2 NAME	
STREET ADDRESS	839 N. 11TH ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MILWAUKEE WI	2.4 CITY-STATE-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNECKENBERG, DAVID	3.2 NAME	
STREET ADDRESS	839 N. 11TH ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MILWAUKEE WI	3.4 CITY-STATE-ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEETER, GERALD F.	4.2 NAME	
STREET ADDRESS	3400 BURNS RD. #104	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BCH. GARDENS FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.			
SIGNATURE: <i>[Signature]</i>		7-8-99 414-274-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (5/99)