

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **622361** (4)
1. Corporation Name
JANSEN SOUTHEAST, INC.

Principal Place of Business C/O PRENTICE HALL CORP SYSTEM 6333 W. DOUGLAS AVE MILWAUKEE WI 53218 US	Mailing Address C/O PRENTICE HALL CORP SYSTEM 6333 W. DOUGLAS AVE MILWAUKEE WI 53218
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1979

2. Principal Place of Business 21 3333 W. Riviera Court Suite, Apt. #, etc. 22 101 N. Mequon City & State 23 Mequon, Wisconsin Zip 24 53092	2a. Mailing Address 26 3333 W. Riviera Court Suite, Apt. #, etc. 27 101 N. Mequon City & State 28 Mequon, Wisconsin Zip 29 53092
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4. FEI Number
39-1349565

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

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

8. 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
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JANSEN, RALPH L.	1.2 NAME	Jansen, Ralph L.
STREET ADDRESS	6333 W. DOUGLAS AVE.	1.3 STREET ADDRESS	3333 W. Riviera Ct.
CITY-ST-ZIP	MILWAUKEE, WI 5	1.4 CITY-ST-ZIP	Mequon, WI 53092
TITLE	SD	2.1 TITLE	SD
NAME	DUFFY, THOMAS J.	2.2 NAME	Duffy, Thomas J.
STREET ADDRESS	6333 W. DOUGLAS AVE.	2.3 STREET ADDRESS	3333 W. Riviera Ct.
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	Mequon, WI 53092
TITLE	AS	3.1 TITLE	AS
NAME	KRUEGER, EUNICE	3.2 NAME	Krueger, Eunice
STREET ADDRESS	6333 W DOUGLAS AVE	3.3 STREET ADDRESS	3333 W. Riviera Court
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	Mequon, WI 53092
TITLE	TR	4.1 TITLE	/TR
NAME	Mary Jansen	4.2 NAME	Mary Jansen
STREET ADDRESS	3333 W. Riviera Ct.	4.3 STREET ADDRESS	3333 W. Riviera Court
CITY-ST-ZIP	Mequon, WI 53092	4.4 CITY-ST-ZIP	Mequon, WI 53092
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____

CR2E034 (10/97)