

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

FILED

Apr 23 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 # 668562 (2)
 1. Corporation Name
TRI-DANFORTH APARTMENTS, INC.

Principal Place of Business 710 N PLANKINTON AVE MILWAUKEE WI 53203-2404 US	Mailing Address 710 N PLANKINTON AVE MILWAUKEE WI 53203-2404 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/01/1980	
4. FEI Number 39-1397703		Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	
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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	SV	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YOUNG, JAMES B			1.2 NAME	BRUN, ROBERT E.		
STREET ADDRESS	710 N. PLANKINTON AVENUE			1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEIN, GERALD			2.2 NAME	BORRIS, JAMES D.		
STREET ADDRESS	710 N. PLANKINTON AVE.			2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENNETT, BRENDA			3.2 NAME	GRANDLICH, JOHN R.		
STREET ADDRESS	3000 N ATLANTIC BLVD STE 205			3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	COCOA BEACH, FL 00000			3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZILBER, JOSEPH J.			4.2 NAME	CHEVALIER, STEPHAN J.		
STREET ADDRESS	710 N. PLANKINTON AVENUE			4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JANZ, JAMES F			5.2 NAME	MADIGAN, MARK S.		
STREET ADDRESS	710 N. PLANKINTON AVENUE			5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WIGCHERS, ARTHUR W., JR.			6.2 NAME	DELISLE, SANDRA J.		
STREET ADDRESS	710 N. PLANKINTON AVENUE			6.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			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)