COF ANNL	ILE NOW: FILING F PROFIT PORATION JAL REPORT 1997	EE AFTE	FLORIDA DEPART Sandra B. Secretary DIVISION OF C	IMENT OF STATE Mortham y of State	Apr 29 1 Secreta	LED 997 8:0 ry of S	00am tate
	MENT # 8124	22	(4)				
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Principal Place of Business 10910 W. LAPHAM ST. MILWAUKEE WI 53214-3899		109	iling Address 10 W. LAPHAM ST.		a sadalah sajau subin nyakin kidim aamin una	IE BIDIE OIDEA BIDIE OFDIEDE	NIT WIWII FPUI
Milwaukee W	VI 53214-3899	MIL	WAUKEE WI 53214-3803		3. Date Incorporated or Qualified	3a. Date of Las	Report
2. Principal P	Place of Business	28.	Mailing Address		12/27/1957 4. FEI Number	04/29/199	Applied For
1		26		·	39-0763130		Not Applicable
Suite Apt	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State	le		City & State	n	6. Election Campaign Financing		O May Be
3  Zip 4]	Country	28	Zip	Country 30	Trust Fund Contribution 8. This corporation has liability for Florida Statutes		d to Fees r s. 199.032,
	9. Name and Address of C				10. Name and Address of New R		
	CORPORATION SYSTEM 0 SOUTH PINE ISLAND RO/			81 Name		·····	
	NTATION FL 33324				Iress (P.Q. Box Number is Not Accepta	ible)	
				83			
11. Pursuant office or r	to the provisions of Sections 60 registered agent, or both, in the	07.0502 and 60 State of Florid	7.1508, Florida Statute a. Such change was a	84 City s. the above-named corr uthorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acce		p Code g its registered as registered
SIGNATURE	Signature, typed is printed name of registe		fapplicable. (NOTE TORS		poration submits this statement for the tion's board of directors. I hereby acce ired when reinstaling) ADDITIONS/CHANGES TO OFFI	PL purpose of changing apt the appointment DATE ICERS AND DIRECT	g its registered as registered ORS IN 12
Signatur <del>i</del> <b>12.</b> Mili	Signature, typest of prefied can e of register OFFICER	ered agent and title if	f applicable. (NOTE	s. the above-named corputhorized by the corpora rida Statutes. Repistered Agent signature requined 13. 1.1 ITLE	ired when reinstaling)	Purpose of changing apt the appointment	g its registered as registered
SIGNATURE 12. Title NAME	Signature, typest or printed num e na registr OFFICER SD PRICE, M.E. 5425 N HWY 83	ered agent and title if	fapplicable. (NOTE TORS	s, the above-named corputhorized by the corpora rida Statutes. Repistered Agent signature required 13.	ired when reinstaling)	PL purpose of changing apt the appointment DATE ICERS AND DIRECT	g its registered as registered
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