

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT

~~1995~~ 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **834301** (4)

1. Corporation Name  
**M-B-W, INC.**

Principal Place of Business Mailing Address  
**250 HARTFORD ROAD** **250 HARTFORD ROAD**  
**PO BOX 378** **PO BOX 378**  
**SLINGER WI 53086** **SLINGER WI 53086**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/05/1975** 3a. Date of Last Report **05/01/1994 1995**

4. FEI Number **39-1081431** Applied For / Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24i 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITEHILL EQUIP.  
SOUTH MONROE  
TALLAHASSEE FL 32301**

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 of Registered Agent required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE **TD**  
12.2 NAME **MULTERER, ROBERT**  
12.3 STREET ADDRESS **880 SILVERBROOK**  
12.4 CITY-ST-ZIP **WEST BEND WI**  
12.5 TITLE **PD**  
12.6 NAME **MULTERER, FRANK, J.**  
12.7 STREET ADDRESS **N2198 S. RESTHAVEN RD.**  
12.8 CITY-ST-ZIP **RUBICON WI**

13.1 TITLE **Treas./Secy./Director**  Change  Addition  
13.2 NAME **Robert Multerer**  
13.3 STREET ADDRESS **724 Marshal Ct.**  
13.4 CITY-ST-ZIP **West Bend, WI 53095**  
13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-ST-ZIP  
13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY-ST-ZIP  
13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY-ST-ZIP  
13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY-ST-ZIP

**800001788058**  
**-04/22/96--01020--005**  
**\*\*\*200.00**

22  
4.20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report.

SIGNATURE: *Robert Multerer* **Robert Multerer** April 4, 1996 414-644-  
Date: 5234