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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 856985

(7)

1. Corporation Name

UNICARE HOMES, INC.

Principal Place of Business

C/O TAX DEPT.
105 W. MICHIGAN STREET
MILWAUKEE WI 53203

Mailing Address

C/O TAX DEPT.
105 W. MICHIGAN STREET
MILWAUKEE WI 53203-2803



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

3. Date Incorporated or Qualified

07/01/1983

3a. Date of Last Report

04/26/1996

4. FEI Number

39-1441287

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ 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

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 form if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME LADLY, FREDERICK B.
STREET ADDRESS 105 W. MICHIGAN STREET
CITY-ST-ZIP WILWAUKEE WI ☐ DELETE

TITLE DVS
NAME BERTRAND, RICHARD L.
STREET ADDRESS 105 W. MICHIGAN STREET
CITY-ST-ZIP WILWAUKEE WI ☐ DELETE

TITLE DP
NAME SMITH, GUY W
STREET ADDRESS 105 W MICHIGAN ST
CITY-ST-ZIP MILWAUKEE, WI 00000 ☐ DELETE

TITLE ADV
NAME AUSTIN, LELAND, M., JR.
STREET ADDRESS 105 W MICHIGAN ST
CITY-ST-ZIP MILWAUKEE, WI 00000 ☐ DELETE

TITLE VAT
NAME DINAUER, THOMAS A.
STREET ADDRESS 105 W MICHIGAN ST
CITY-ST-ZIP MILWAUKEE, WI 00000 ☐ DELETE

TITLE VCA
NAME ABRAMOWSKI, ROBERT
STREET ADDRESS 105 W MICHIGAN ST
CITY-ST-ZIP MILWAUKEE, WI 00000 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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

VA-ALICE SUMMERS 4-22-97 (440) 247-4405

CR2E034 (9/96)