


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

FILED
Jan 27 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 # F93000001017 (3)
 1. Corporation Name
FISHER HAMILTON INC.



Principal Place of Business 1316 18TH STREET TWO RIVERS WI 54241 US	Mailing Address 1316 18TH STREET TWO RIVERS WI 54241 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 39-1744782	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	85. Zip Code	FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J M	1.2 NAME	
STREET ADDRESS	1316 18TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TWO RIVERS WI	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, DONALD C	2.2 NAME	<i>VP Albert Strausser III</i>
STREET ADDRESS	1316 18TH STREET	2.3 STREET ADDRESS	<i>1316 18th Street</i>
CITY-ST-ZIP	TWO RIVERS WI	2.4 CITY-ST-ZIP	<i>Two Rivers, WI 54241</i>
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEID, JOSEPH D	3.2 NAME	<i>VP Charles Rohlmeier</i>
STREET ADDRESS	LIBERTY LANE	3.3 STREET ADDRESS	<i>1316 18th Street</i>
CITY-ST-ZIP	HAMPTON NH	3.4 CITY-ST-ZIP	<i>Two Rivers, WI 54241</i>
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCHENE, TODD M	4.2 NAME	
STREET ADDRESS	LIBERTY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHLMEIER, CHARLES	5.2 NAME	
STREET ADDRESS	1316 18TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TWO RIVERS WI	5.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISTER, PAUL M	6.2 NAME	
STREET ADDRESS	LIBERTY LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH 03842	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:

Wendy A. ... **REQUIRED**

1/9/98

920 794 6309

CR2E034 (10/97)