

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

FILED
Feb 06, 1999 8:00 am
Secretary of State

02-06-1999 90021 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000001017

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
02/24/1993

4. FEI Number
39-1744782

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUSSER, ALBERT I	2.2 NAME	
STREET ADDRESS	1316 18TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TWO RIVERS WI 54241	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHLMEIER, CHARLES	3.2 NAME	
STREET ADDRESS	1316 18TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TWO RIVERS WI 54241	3.4 CITY-ST-ZIP	
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 with all other like empowered.

SIGNATURE: Wendy J. Leist, Asst. Corp. Secretary 1/13/99 920 794 6309
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)