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

PROFI1 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

**SIGNATURE:** 

F95000000330 (9)

** Crony to render	MENT # <b>F950</b> 0 Name FOOT INTERNATIONAL LT	•	9)	- 1000/1000 1000 1000 0000 0000 0000	TANKATIK TAKA PENSA DIAR MINI BANCIPER
Principal Place	e of Buniness	Mailing Address			
6160 N. 60TH STREET MILWAUKEE WI 53218		6160 N. 60TH STREET MILWAUKEE WI 53218			
	<u>,</u>			3. Date Incorporated or Qualified 01/20/1995	3a. Date of Last Report
21	ace of Business	2a. Mailing Address		4. FEI Number 39-1389693	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zq)	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes     Yes	
	9. Name and Address of Curre		- 130	10. Name and Address of New Re	
	Mike . Lantana RD Na FL 33462		81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable	e) ■ 85 Zip Code
<ol> <li>Pursuant to register familiar with SIGNATURE</li> </ol>	Signal are, type Ton product name of manifered agen	) 200	IOTS Registered Agent signature require		DATE
TITLE	PC OFFICERS AF	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	·
NAME	SEIPEL, MIKE		1. 1 TITLE		Change Addition
STREET ADDRESS	520 S. COUNTRY CLUB DR	1.	1.2 NAME 1.3 STHEET ADDRESS		
Citrist 20	ATLANTIS FL 33462		14 CTY-ST-ZIP		
10.1	WC	☐ DELETE	2 1 1171.6		☐ Change ☐ Addition
NAME	SEIPEL, JOHN		2 2 NAME		C Stange C Machini
STHEE ADDRESS	3911 FREISTADT ROAD		2 3 STREET ADDRESS		
Cly St-Zer	MEQUON WI 53092		24 CITY - ST - ZIP		
1-11.6	D Seipel, don	DELETE	. 3 1 TITLE		Change Addition
NAME STEEL ADORESS:	7750 N. 51ST ST.		3 2 NAME		
CITY ST ZIP	BROWN DEER WI 53223		3.3 STREET ADDRESS		
TITLE		DELETE	3 4 CITY - ST - ZIP 4 1 TILLE		Change D Mari
NAME		<u>ب</u>	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STHEET ADDRESS		
0th - \$1 - ZiP			4 4 CITY - S1 - ZIP		
TIPLE		[] DELETE	5 1 TITLE		☐ Change ☐ Addition
NAM			5.2 NAME		<u> </u>
STREE! ADDRESS			5.3 STREET ADDRESS		
CC1-S1-7F			5.4 CHY+ST-ZIP		
Tillf		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME Court Administra			6 2 NAME		
STREET ADDRESS		_	6.3 STREET ADDRESS		
CHY-SI-2IF [ 14 Edo hosebe	contify that the information and the	Lance files for the second	6.4 C/TY - ST - ZIP		
Certify that to appears in f	carroy erac de infernation supplied the information indicated on this anni am an officer or director of the corpo Bock 12 or Bock 13 a changed, or i	wier tris filing is voor tanly fur ual report or suppliertental ann pration of the receiver or truste on an attachnient with an add	nished and does not qualify fo nual report is true and accura se empowered to execute this ress	or the exemption stated in Section 119.07 te and that my signature shall have the sa s report as required by Chapter 607, Floric	(3)(k), Florida Statutes. I further me legal effect as if made under da Statutes; and that my name

Deytime Phone #