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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003056 (7)

## FILED Feb 18 1998 8:00am Secretary of State

<ol> <li>Corporation</li> </ol>	MMERMAN DESIGN GROUP	), INC.								
Principal Place		Mailing Address								
7707 HARWOOD AVENUE 7707 HARWOOD AVENUE			Ë							
MILWAUKEE V	NT <b>5</b> 3213	MILWAUKEE WI 53213				DO NOT WRITE	IN THIS	SPACE		
						3. Date Incorporated or Qualified				n
						06/23/1995				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		TA <sub>I</sub>	oplied For	1
21		26				<b>39-1101911</b> Not App			ot Applicable	,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	٦
22		27				8. Certificate of Status Desired		Fee R	equired	╛
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution				
Zip			-	ountry 8.		8. This corporation owes or has paid the current year Intangible				
24	25 29 9. Name and Address of Current Registered Age		[30]			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
0.7	CORPORATION SYSTEM	r vedisteren wäerir		81 Name		10, Italie and Address Of New At	Alesonor	Agent		┨
	O SOUTH PINE ISLAND ROAD									_
	INTATION FL 33324		62 Street Addre			s (P.O. Box Number is Not Accepta	ble)			
10	WITATION I E 55524		Ì	83		<del></del>				┪
								<del></del>		4
				<b>B4</b> City			FL	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the at	ove-named	corpor	ation submits this statement for the		f changing i	ts registered	7
office or re	o the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorized	d by the con	poratio	n's board of directors. I hereby acce	pt the app	oointment as	registered	1
	m lamiliar wiln, and accept the obliga	ilions of, Sociloit bot.0003, i i	onua olai	ul <del>o</del> s.						
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title it applicable (NO	E: Registered	Agent signature	e required	when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND			_ ֆ
TITLE	PD	☐ DEL <b>et</b> e	1.1 TI	TLE	VD			Change	<b>K</b> Addition	1
NAME	ZIMMERMAN, GARY V		1.2 NA	ME		roik, David L.				2
STREET ADDRESS	7707 HARWOOD AVENUE		1.3 ST	reet address	1	07 Harwood Avenue				1,
CITY-ST-ZIP	MILWAUKEE WI			TY-ST-ZIP	Mi	lwauke 3, WI 53213		T 06	1 4 4 4 7 2	
TITLE	D OMETIL DOMALD D	☐ DELETE	2.1 TIT					Change	Addition	
NAME	SMITH, DONALD R.		2.2 NA						_	
STREET ADDRESS	ARM SAVA RIVER SAM			REET ADDRESS						
CITY-ST-ZIP		DELETE		TY-ST-ZIP	-			Change	Addition	4
TITLE	TD Kornitz, Bruce W	☐ DELETE	3.1 TIT					☐ cuange	₩ MOOITOH	
NAME	7707 HARWOOD AVENUE		3.2 NA							
STREET ADORESS	MILWAUKEE WI			REET ADDRESS	}					
CITY-ST-ZIP	V	DELETE	3.4. CI 4.1 T()	TY-ST-ZIP	<del> </del>			Change	Addition	$\exists$
TITLE	SMITH, DONALD R		4. 2 N/							
NAME	7707 HARWOOD AVENUE			reet address						
STREET ADDRESS	MILWAUKEE WI			TY-ST-ZIP						
CITY-ST-ZIP TITLE	6	☐ DELETE	5.1 TII		$\vdash$			Change	Addition	1
NAME	POWELL, JOANN	<u></u>		5.2 NAME				•		
STREET ADDRESS	7707 HARWOOD AVENUE	/		reet address						
CITY-ST-ZIP	MILWAUKEE WI	/		TY-ST-ZIP						I
TITLE		☐ DELETE	6.1 TiT		<del> </del>			Change	Addition	
NAME		_	6.2 NA					-		
STREET ADDRESS	_	/		REET ADDRESS						
CITY-ST-ZIP	/			TY-ST-ZiP						
14. I hereby c	ertify that the information supplied w	th this filing does not qualify f	or the exe	mption state	ed in Se	ection 119.07(3)(i), Florida Statutes.	further ce	ertify that the	information	7

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report of socionental 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 of 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 into a large ment with an address.

Bruce Kornitz

1/8/98

414-476-9500