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Feb 03 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 # F95000004968 (2)

1. Corporation Name
CNR HEALTH, INC.

Principal Place of Business
**2514 S. 102ND ST
MILWAUKEE WI 53227**

Mailing Address
**2514 S. 102ND ST
MILWAUKEE WI 53227-2142**



3. Date Incorporated or Qualified 10/12/1995	3a. Date of Last Report 04/03/1996
4. FEI Number 39-0445022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	CAVANI, RALPH
STREET ADDRESS	2400 S. 102ND ST., SUITE 100
CITY - ST - ZIP	MILWAUKEE WI 53227
TITLE	V <input type="checkbox"/> DELETE
NAME	KIEHL, DIANNE
STREET ADDRESS	2400 S. 102ND ST., SUITE 100
CITY - ST - ZIP	MILWAUKEE WI 53227
TITLE	D <input type="checkbox"/> DELETE
NAME	HEFTY, TOM
STREET ADDRESS	401 W. MICHIGAN ST
CITY - ST - ZIP	MILWAUKEE WI 53203
TITLE	D <input type="checkbox"/> DELETE
NAME	FORMISANO, ROGER
STREET ADDRESS	401 W. MICHIGAN ST.
CITY - ST - ZIP	MILWAUKEE WI 53203
TITLE	D <input type="checkbox"/> DELETE
NAME	HEFTY, TOM
STREET ADDRESS	401 W. MICHIGAN ST.
CITY - ST - ZIP	MILWAUKEE WI 53203
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cavaiani, Ralph
1.3 STREET ADDRESS	2514 So. 102nd
1.4 CITY - ST - ZIP	Milwaukee, WI 53227
2.1 TITLE	V/D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kiehl, Dianne
2.3 STREET ADDRESS	2514 So. 102nd Street
2.4 CITY - ST - ZIP	Milwaukee, WI 53227
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Signature of Dianne Kiehl

1/7/97 (414) 327-8419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)