

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/12/1995

4. FEI Number

39-0445022

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PD
NAME CAVANI, RALPH
STREET ADDRESS 2514 S. 102ND
CITY-ST-ZIP MILWAUKEE WI

☐ DELETE

TITLE VDST
NAME KIEHL, DIANNE
STREET ADDRESS 2514 S. 102ND STREET
CITY-ST-ZIP MILWAUKEE WI

☒ DELETE

TITLE D
NAME HEFTY, TOM
STREET ADDRESS 401 W. MICHIGAN ST
CITY-ST-ZIP MILWAUKEE WI 53203

☐ DELETE

TITLE D
NAME FORMISANO, ROGER
STREET ADDRESS 401 W. MICHIGAN ST.
CITY-ST-ZIP MILWAUKEE WI 53203

☐ DELETE

TITLE D
NAME HEFTY, TOM
STREET ADDRESS 401 W. MICHIGAN ST.
CITY-ST-ZIP MILWAUKEE WI 53203

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary, Director
1.2 NAME Steve Bahlitzsch
1.3 STREET ADDRESS 401 W. Michigan St.
1.4 CITY-ST-ZIP Milwaukee, WI 53227

☐ Change ☒ Addition

2.1 TITLE Treasurer
2.2 NAME Gail Hanson
2.3 STREET ADDRESS 401 W. Michigan St.
2.4 CITY-ST-ZIP Milwaukee, WI 53227

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

7/9/98 (44)327-5197

CR2E034 (5/98)