

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000004968

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90100 038 ***158.75



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 the current year Intangible
Personal Property Tax.



X No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **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

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

83

84 City

FL

85 Zip Code

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	<input type="checkbox"/> DELETE
NAME	CAVANI, RALPH	
STREET ADDRESS	2514 S. 102ND	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANSON, GAIL	
STREET ADDRESS	401 W MICHIGAN ST	
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 checked="" type="checkbox"/> DELETE
NAME	HEFTY, TOM	
STREET ADDRESS	401 W. MICHIGAN ST.	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BABLITSCH, STEVE	
STREET ADDRESS	401 W MICHIGAN ST	
CITY-ST-ZIP	MILWAUKEE WI 53227	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (414)327-5197
Date Daytime Phone #

CR2E034 (11/98)