

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005559 (8)

1. Corporation Name
HERZING INSTITUTES, INC.



Principal Place of Business
**161 W WISCONSIN AVE #5013
MILWAUKEE WI 53203**

Mailing Address
**161 W WISCONSIN AVE #5013
MILWAUKEE WI 53203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/13/1995** 3a. Date of Last Report **02/23/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 39-1040865	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent PAYNE, CARMEN HERZING INSTITUTES 1201 U.S. HWY 1 #325 N PALM BCH FL 33408		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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZING, HENRY G	1.2 NAME	
STREET ADDRESS	15 CAYMAN PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZING, SUZANNE	2.2 NAME	
STREET ADDRESS	15 CAYMAN PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOTHAM, WILLIAM	3.2 NAME	
STREET ADDRESS	710 E FAIRY CHASM RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53217	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GOERGE DOIG	4.2 NAME	
STREET ADDRESS	2000 SPRING RD #110	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVEN, SAM	5.2 NAME	
STREET ADDRESS	61 TURNER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEARL RIVER NY 10965	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUS, PAUL	6.2 NAME	
STREET ADDRESS	9040 JACKSON PARK BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI 53226	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

DAVID P. Brzezowski 7-21-97 (414) 271-8103

CR2E034 (4/97)