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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

39-1040865

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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. ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAYNE, CARMEN
HERZING INSTITUTES
1201 U.S. HWY 1 #325
N PALM BCH FL 33408**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DOPT**
STREET ADDRESS **HERZING, HENRY G**
CITY-ST-ZIP **15 CAYMAN PL**
PALM BCH GARDENS FL 33418

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HERZING, SUZANNE**
CITY-ST-ZIP **15 CAYMAN PL**
PALM BCH GARDENS FL 33418

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROOTHAM, WILLIAM**
CITY-ST-ZIP **710 E FAIRY CHASM RD**
MILWAUKEE WI 53217

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JOHNSON, GOERGE DOIG**
CITY-ST-ZIP **2000 SPRING RD #110**
OAK BROOK IL 60521

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

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **AVEN, SAM**
CITY-ST-ZIP **61 TURNER RD**
PEARL RIVER NY 10965

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BRZECZKOWSKI, DAVID. P**
CITY-ST-ZIP **3672 SOUTH 23RD STREET**
MILWAUKEE WI

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE *[Signature]* **DAVID P BRZECZKOWSKI** 1/27/98 (un) 271 8103

CR2E034 (10/97)