

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90142 004 ***158.75

DOCUMENT # F95000005559

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

4. FEI Number
39-1040865

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. ☐ Yes ☐ 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 Country

28 Zip Country

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 DCPT
NAME HERZING, HENRY G
STREET ADDRESS 15 CAYMAN PL
CITY-ST-ZIP PALM BCH GARDENS FL 33418

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

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

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

TITLE D
NAME ROTHAM, WILLIAM
STREET ADDRESS 710 E FAIRY CHASM RD
CITY-ST-ZIP MILWAUKEE WI 53217

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

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

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

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

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

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

6.1 TITLE
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

DAVID P. Brzezowski

2/28/99 (414) 271-8103

Date

Daytime Phone #

CR2E034 (11/98)