


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000573 (3)**

1. Corporation Name  
**WEYCO GROUP, INC.**

Principal Place of Business

**PO BOX 1188  
MILWAUKEE WI 53201**

Mailing Address

**PO BOX 1188  
MILWAUKEE WI 53201**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/31/1996</b>	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>39-0702200</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	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	

9. Name and Address of Current Registered Agent

**CRUNKLETON, ROBERT J  
699 ABERDEEN LN  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORSHEIM, THOMAS SR	1.2 NAME	
STREET ADDRESS	234 E RESERVOIR AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53212	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORSHEIM, THOMAS JR	2.2 NAME	
STREET ADDRESS	234 E RESERVOIR AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53212	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEITLER, ROBERT	3.2 NAME	
STREET ADDRESS	234 E RESERVOIR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53212	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTKOWSKA, JOHN	4.2 NAME	
STREET ADDRESS	234 E RESERVOIR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53212	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, FREDRICK P JR	5.2 NAME	
STREET ADDRESS	12301 W WIRTH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI 53222	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, LEONARD	6.2 NAME	
STREET ADDRESS	7855 N CLUB CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FOX POINT WI 53217	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:



John Wittkowski 4/8/98

(414) 263-8800

CR2E034 (10/97)