

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

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**Apr 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000002898 (2)**

1. Corporation Name  
**ALTO-SHAM, INC.**



Principal Place of Business: **W164 N9221 WATER STREET PO BOX 450 MENOMONEE FALLS WI 53052-0450**  
Mailing Address: **W164 N9221 WATER STREET PO BOX 450 MENOMONEE FALLS WI 53052-0450**

3. Date Incorporated or Qualified: **06/11/1996**  
3a. Date of Last Report: **06/11/1996**  
4. FEI Number: **39-1020882**  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  **\$8.75 Additional Fee Required**,  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24: State, Apt. #, etc.; City & State; Zip; Country  
26, 27, 28, 29, 30: Suite Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	MAAHS, JERRY D	
STREET ADDRESS	W164 N9221 WATER STREET	
CITY - ST - ZIP	MENOMONEE FALLS WI 53052-0450	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERGESEN, SIGMUND B	
STREET ADDRESS	W164 N9221 WATER STREET	
CITY - ST - ZIP	MENOMONEE FALLS WI 53052-0450	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MAAHS, MARIANNE	
STREET ADDRESS	W164 N9221 WATER STREET	
CITY - ST - ZIP	MENOMONEE FALLS WI 53052-0450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAAHS, STEVEN	
STREET ADDRESS	W164 N9221 WATER STREET	
CITY - ST - ZIP	MENOMONEE FALLS WI 53052-0450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSEN, KAREN	
STREET ADDRESS	W164 N9221 WATER STREET	
CITY - ST - ZIP	MENOMONEE FALLS WI 53052-0450	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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: *Sigmund B. Bergesen, Vice Pres.* 3/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)