

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

FILED  
Jan 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000002898 (2)

1. Corporation Name  
ALTO-SHAAM, 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/11/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		39-1020882	
24 Country		30 Country		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 or has paid the current year Intangible Personal Property Tax due June 30.				Yes No	

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
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	PC	1.1 TITLE	Change Addition
NAME	MAAHS, JERRY D	1.2 NAME	
STREET ADDRESS	W164 N9221 WATER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53052-0450	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Change Addition
NAME	BERGESEN, SIGMUND B	2.2 NAME	
STREET ADDRESS	W164 N9221 WATER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53052-0450	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	Change Addition
NAME	MAAHS, MARIANNE	3.2 NAME	
STREET ADDRESS	W164 N9221 WATER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53052-0450	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change Addition
NAME	MAAHS, STEVEN	4.2 NAME	
STREET ADDRESS	W164 N9221 WATER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53052-0450	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	HANSEN, KAREN	5.2 NAME	
STREET ADDRESS	W164 N9221 WATER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53052-0450	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Paul Berger* 1/14/98  
Paul Berger, Controller

CR2E034 (10/97)