

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

**FILED**  
**Jan 26, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-26-1999 90049 001 \*\*\*\*150.00

**DOCUMENT # F97000001813**

1. Corporation Name  
**BUSINESS FILINGS INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**214 NORTH HENRY SUITE 201  
 MADISON WI 53703**

Mailing Address  
**214 NORTH HENRY SUITE 201  
 MADISON WI 53703**

3. Date Incorporated or Qualified  
**04/09/1997**

4. FEI Number  
**39-1859909**

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  
 21 Suite, Apt. #, etc.  
 23 City & State  
 24 Zip 25 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**SLAYTON, DAVID**  
**1186 OCEAN SHORE BLVD. SUITE 195**  
**ORMOND BEACH FL 32176**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEGAND, BRIAN	1.2 NAME	
STREET ADDRESS	214 NORTH HENRY SUITE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI 53703	1.4 CITY-ST-ZIP	
TITLE	VVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTER, RICHARD	2.2 NAME	
STREET ADDRESS	214 NORTH HENRY SUITE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI 53703	2.4 CITY-ST-ZIP	
TITLE	SLAYTON, DAVID <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAYTON, DAVID	3.2 NAME	
STREET ADDRESS	1186 OCEAN SHORE BLVD. SUITE 195	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	WIEGAND, BRIAN <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEGAND, BRIAN	6.2 NAME	
STREET ADDRESS	214 NORTH HENRY SUITE 201	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI 53703	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]* DATE: *1-6-99* Daytime Phone #: *608-251-6600*

CR2E034 (1/98)