## 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

## DOCUMENT # F9800000420

DERSE, INC.

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90143 044 \*\*\*150.00

	<b>. 66</b> 11) <b>68</b> 111 <b>6</b> 131	

1								
Principal Place of Business Mailing Address								
1234 N. 62ND S	STREET	1234 N. 62ND STREET	1234 N. 62ND STREET					
milwaukee wi	53213	MILWAUKEE WI 53213	MILWAUKEE Wt 53213			DO NOT WRITE IN THIS SPACE		
ļ						3. Date Incorporated or Qualifed		
	,					01/23/1998		
		D- Marie A Marie				4. FEI Number Applied For		
2. Principal Place of Business		<b>⊢</b> ,	2a. Mailing Address					
21 02		26			*	- 39-1630582 - Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		<b>⊢</b> '''	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
22		27 City & State						
City & Stat	<b>.</b>	<del>                                     </del>	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
23			Zip Country		<del> </del>			
Zip	Country	<b>⊢</b> '				8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	29				Personal Property Tax. Li Yes MNO  10. Name and Address of New Registered Agent		
<u> </u>	9. Name and Address of Curre	int Registered Agent		81	Name	to. Name and Address of New Registered Agent		
СТ	CORPORATION SYSTEM			٠,	1101110			
	SOUTH PINE ISLAND ROAD	•		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			ļ		<del></del>			
PLA	NTATION FL 33324			83				
				84	City	85 Zip Code		
ļ						FL   ST   EF SS		
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	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	: Registered	Agent	signature required			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 111	LE		☐ Change ☐ Addition		
NAME	HANEY, WILLIAM		1.2 NA	ME				
STREET ADDRESS	1234 N. 62ND STREET	,	1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI 53213		1.4 CII	Y-\$T-	-ZiP			
TITLE	VD	☐ DELETE	2.1 ΤΠ	Œ		☐ Change ☐ Addition }		
NAME	SANDEN, DANIEL V		2.2 NA	ME				
STREET ADDRESS	AND A MANUE OFFICE		2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI 53213		2. 4 CI	TY-SI	T- <i>Z</i> IP			
-TITLE	·SD	DELETE-	3.1-717			Change · _ ☐ Addition		
NAME	MCNAMARA, WILLIAM		3.2 NA	ME				
STREET ADDRESS	LOCAL MANUEL OFFICE		3.3 ST	REET.	ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI 53213		3.4. CI					
TITLE		☐ DELETE	4.1 111			☐ Change ☐ Addition		
NAME	\		4, 2 N					
STREET ADDRESS					ADDRESS			
)	1		4.4 CF		ŀ			
TITLE		DELETE	5.1 111			☐ Change ☐ Addition		
ŀ	-	<u> </u>	5.2 NA			<b>3 3 -</b>		
NAME					ADDRESS	}-		
STREET ADDRESS			5.4 CF					
CITY-ST-ZIP		DELETE	6.1 TO		-45	☐ Change ☐ Addition		
TITLE	1		6.2 NA			□ outside □ Vaquadis		
NAME					ADDRESS			
STREET ADDRESS	1				ADDRESS	}		
CITY-ST-ZIP			6.4 CF	TY-ST	-ZIP			

14. Thereby 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 ap-attachment with an address, with all other like empowered.

SIGNATURE: