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 # F98000002880

1. Corporation Name

CENTURION SOUTHEAST, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90047 031 ***150.00



Principal Place of Business Mailing Address										.,
2825 S. MOORLAND ROAD 2825 S. MOORLAND ROAD										
NEW BERLIN WI 53151 NEW BERLIN WI 53151						•	DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							05/21/1998			
Principal Place of Business 2a. Mailing Address			ng Address				4. FEI Number	Applied For		
21	lace of business	<u></u> ⊢ ¬	26				39-1375477	Not Applicable		
Suite, Apt.	#. etc.		Suite, Apt. #, etc.					\$8.7	'5 Ad	ditional
22							=5-Certificate of Status Desired	Fed	e Requ	iired
City & State City & State			& State				6. Election Campaign Financing	\$5.	00 м	ay Be
23	•	28					Trust Fund Contribution	Add	ted to	Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year I		_	_
24	25	29		30		<u> </u>	Personal Property Tax.	XYes		No
	9. Name and Address of Cur	rent Registered	Agent		ļ.,		10. Name and Address of New Registered	I Agent		
DAV	VATUADVN				81	Name				
DAY, KATHARYN 1433 S. FT. HARRISON SUITE E					82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34616										
CLE	ARWATER FL 34010				83					
					84	City		85 2	Zip Co	de
							FI			
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Su	ch change was au	ithorized	d by	the corporation	ration submits this statement for the purpose on 's board of directors. I hereby accept the appoint is a second to be appointed to the purpose of the purpo	ointment a	s regis	stered
SIGNATURE			NOTE:	Dagietory	1 Acon	t signature required t	when reinstating) DATE			— l
12.	Signature, typed or printed name of registered	AND DIRECTOR	<u> </u>	13.	Agen	r signature reduced i	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12
TITLE	P	AND DIRECTOR	☐ DELETE	1,1 1	TLE			Char		Addition
NAME	WORMINGTON, JACK R		_	1.2 N	AME	- 1				
STREET ADDRESS	W315 57470 LAKE CREST C	T		1.3 S	TREET	ADORESS				,
CITY-ST-ZIP	MUKWONAGO WI 53149	•			ITY-S1	1				
TILE	V		☐ DELETE	2.1 T				Char	nge	Addition
NAME	WYSOCKI, LAWRENCE V			2.2 N	AME					}
STREET ADDRESS	MINES FORES ALDINE DOUG			2.3 S	TREET	ADDRESS			4.	
CITY-ST-ZIP	MUKWONAGO WI 53149	-		2.40	ZTY-S	T-ZiP				
TITLE			☐ DELETE	3.1 T	TLE			☐ Chai	nge	Addition
NAME ·				3.2 N	AME					}
STREET ADDRESS	•			3.3 S	TREET	ADDRESS	•			
CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 T	ΠLE			Chai	nge	Addition
NAME				4.21	IAME					1
STREET ADDRESS				4.3 S	TREE1	ADDRESS)
CITY-ST-ZIP	_			4.4 C	ITY-S	T-ZIP		•		
TITLE			DELETE	5.1 T				Chai	nge	Addition
NAME				5.2 N	AME		,			ļ
STREET ADORESS				5.3 S	TREET	ADDRESS				}
CITY-ST-ZIP						T-ZIP '				
TITLE			☐ DELETE	6.1 T				☐ Cha	nge	☐ Addition
NAME	Companies of the state of			6.2 N		1				-
STREET ADDRESS				6.3 S	TREET	ADDRESS				

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 corperation 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SWATTIE FOR SIGNING OFFICER ON DIRECTOR

R. WORMING TO SIGNING OFFICER ON DIRECTOR

3/25/99

414-784-6411

Daytime Phone #