

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

0584096

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90042 035 ***150.00

DOCUMENT # J33910

1. Corporation Name

TOWNE REALTY OF WEST FLORIDA, INC.

Principal Place of Business

710 N PLANKINTON AVENUE
SUITE #1200
MILWAUKEE WI 53203
US

Mailing Address

710 N PLANKINTON AVENUE
SUITE #1200
MILWAUKEE WI 53203
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1986

4. FEI Number

39-1576894

Applied For

No Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

TITLE **D** ☐ DELETENAME **ZILBER, JOSEPH**
STREET ADDRESS **710 N. PLANKINTON**
CITY-ST-ZIP **MILWAUKEE WI**TITLE **P** ☐ DELETENAME **WIGCHERS, ARTHUR W. JR.**
STREET ADDRESS **710 N. PLANKINTON**
CITY-ST-ZIP **MILWAUKEE WI**TITLE **V** ☐ DELETENAME **BORRIS, JAMES D.**
STREET ADDRESS **710 N. PLANKINTON**
CITY-ST-ZIP **MILWAUKEE WI**TITLE **VS** ☐ DELETENAME **YOUNG, JAMES B.**
STREET ADDRESS **710 N. PLANKINTON**
CITY-ST-ZIP **MILWAUKEE WI**TITLE **FV** ☐ DELETENAME **BRAUN, ROBERT E.**
STREET ADDRESS **710 N. PLANKINTON**
CITY-ST-ZIP **MILWAUKEE WI**TITLE **AS** ☐ DELETENAME **MADIGAN, MARK S.**
STREET ADDRESS **710 N. PLANKINTON**
CITY-ST-ZIP **MILWAUKEE WI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition1.2 NAME **JANZ, JAMES F.**
1.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, SUITE 1200**
1.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**2.1 TITLE **V** ☐ Change ☒ Addition2.2 NAME **GRANDLICH, JOHN**
2.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, SUITE 1200**
2.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**3.1 TITLE **T** ☐ Change ☒ Addition3.2 NAME **CHEVALIER, STEPHAN J.**
3.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, SUITE 1200**
3.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**4.1 TITLE **AS** ☐ Change ☒ Addition4.2 NAME **DELISLE, SANDRA J.**
4.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, SUITE 1200**
4.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**5.1 TITLE **V** ☐ Change ☒ Addition5.2 NAME **STEIN, GERALD**
5.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, SUITE 1200**
5.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
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 a letter like empowered.

Mark S. Madigan

Assistant Secretary

3/22/99

(414) 274-2433

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)