

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90159 026 ***150.00

DOCUMENT # J84794

1. Corporation Name
TRI-LAKE DOE, INC.

Principal Place of Business
**710 N PLANKINTON AVENUE
SUITE 1200
MILWAUKEE WI 53203
US**

Mailing Address
**710 N. PLANKINTON AVE.
1200
MILWAUKEE WI 53203
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1987

4. FEI Number
39-1618579

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

(NO E Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
ZILBER, JOSEPH J.
STREET ADDRESS **710 N. PLANKINTON AVENUE**
CITY-ST-ZIP **MILWAUKEE WI**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **V**
STEIN, GERALD
1.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #120C**
1.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE ☐ DELETE
NAME **P**
WIGCHERS, ARTHUR W. JR.
STREET ADDRESS **710 N. PLANKINTON AVE.**
CITY-ST-ZIP **MILWAUKEE WI**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V**
BORRIS, JAMES D.
2.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #120C**
2.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE ☐ DELETE
NAME **V**
JANZ, JAMES F.
STREET ADDRESS **710 N. PLANKINTON AVE.**
CITY-ST-ZIP **MILWAUKEE WI**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V**
BRAUN, ROBERT E.
3.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #120C**
3.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE ☐ DELETE
NAME **VS**
YOUNG, JAMES B.
STREET ADDRESS **710 N. PLANKINTON AVE.**
CITY-ST-ZIP **MILWAUKEE WI**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **V**
GRANDLICH, JOHN R.
4.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #120C**
4.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE ☐ DELETE
NAME **T**
CHEVALIER, STEPHAN J.
STREET ADDRESS **710 N. PLANKINTON AVE.**
CITY-ST-ZIP **MILWAUKEE WI**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **AS**
DELISLE, SANDRA J.
5.3 STREET ADDRESS **710 N. PLANKINTON AVENUE, #120C**
5.4 CITY-ST-ZIP **MILWAUKEE, WI 53203**

TITLE ☐ DELETE
NAME **AS**
MADIGAN, MARK S.
STREET ADDRESS **710 N. PLANKINTON AVE.**
CITY-ST-ZIP **MILWAUKEE WI**

6.1 TITLE ☐ Change ☐ Addition
6.2 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 all other like empowered

SIGNATURE: Mark S. Madigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Madigan
Assistant Secretary 1/18/99 (414) 274-2433

Date

Daytime Phone #

CR2E034 (1/98)