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May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K96350 (9)

1. Corporation Name
REAL STAR DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
C/O JERRY LEHMAN 4737 DOLPHIN CAY LANE SOUTH ST. PETERSBURG FL 33711 US	C/O DUANE A. SWENSON 2500 N. 124TH STREET, SUITE 200 BROOKFIELD WI 53005 US

2. Principal Place of Business	2a. Mailing Address
21	26 12300 W. Center Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Suite 200
City & State	City & State
23	28 Wauwatosa, WI
Zip / Country	Zip / Country
24 / 25	29 53222 / 30 USA

3. Date Incorporated or Qualified: 06/19/1989
3a. Date of Last Report: 02/12/1996
4. FEI Number: 36-3651145 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEHMAN, JERRY
4737 DOLPHIN CAY LANE SOUTH
ST. PETERSBURG FL 33711

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	PD	☐	1.1 TITLE		☒ ☐
NAME	SWENSON, DUANE A.		1.2 NAME		
STREET ADDRESS	2511 N. 124TH ST., SUITE 200		1.3 STREET ADDRESS	12300 W. Center Street, Suite 200	
CITY-ST-ZIP	BROOKFIELD WI 53005		1.4 CITY-ST-ZIP	Wauwatosa, WI 53222	
TITLE	SD	☐	2.1 TITLE		☒ ☐
NAME	SWENSON, ERIK A.		2.2 NAME		
STREET ADDRESS	2511 N. 124TH ST., SUITE 200		2.3 STREET ADDRESS	12300 W. Center Street, Suite 200	
CITY-ST-ZIP	BROOKFIELD WI 53005		2.4 CITY-ST-ZIP	Wauwatosa, WI 53222	
TITLE	D	☐	3.1 TITLE		☒ ☐
NAME	DALLMANN, GAIL		3.2 NAME		
STREET ADDRESS	2511 N. 124TH STREET, SUITE 200		3.3 STREET ADDRESS	12300 W. Center Street, Suite 200	
CITY-ST-ZIP	BROOKFIELD WI 53005		3.4 CITY-ST-ZIP	Wauwatosa, WI 53222	
TITLE	D	☐	4.1 TITLE		☐ ☐
NAME	WARTINBEE, JAMES R.		4.2 NAME		
STREET ADDRESS	1109 DOWNING DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI		4.4 CITY-ST-ZIP		
TITLE	D	☐	5.1 TITLE		☐ ☐
NAME	LEHMAN, JERRY		5.2 NAME		
STREET ADDRESS	4737 DOLPHIN CAY LANE SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Gail B. Dallmann Director 4-30-97 (414) 258-2400