

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L64228** (4)  
1. Corporation Name  
**ZAS SUPPLY, INC.**

Principal Place of Business <b>3315 N. 124TH ST STE. #E BROOKFIELD WI 53005 US</b>	Mailing Address <b>3315 N. 124TH ST STE. #E BROOKFIELD WI 53005 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/11/1990</b>	
				4. FEI Number <b>65-0186625</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KENDALL SPARKMAN, RUBIN BAUM LEVIN ET AL 2500 1ST UNION FINANCIAL CENTER 200 BISCAYNE BLVD., STE 200 MAIMI FL 33131-2336</b>				10. Name and Address of New Registered Agent 81 Name <b>Arnold Shevin</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Two Datan Center, Ste. 1528</b> 83 <b>9130 South Dadeland Blvd.</b> 84 City <b>Miami</b> FL 85 Zip Code <b>33156</b>	
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11. Pursuant to the provisions of Sections 607.002 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  **Arnold D. Shevin** 4/21/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPAS	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KARL, KENNETH B.		1.2 NAME				
STREET ADDRESS	1390 S DIXIE HWY, #1304		1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP				
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NENNIG, MICHELLE M		2.2 NAME				
STREET ADDRESS	3315 N 124TH ST, STE E		2.3 STREET ADDRESS				
CITY-ST-ZIP	BROOKFIELD WI 53005		2.4 CITY-ST-ZIP				
TITLE	AT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KARL, KENNETH B		3.2 NAME				
STREET ADDRESS	1390 S DIXIE HWY, STE. #1304		3.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33146		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE  **Michelle M. Nennig** 4/14/98 414-781-8760

CR2E034 (10/97)