


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 11 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. McPham Secretary of State DIVISION OF CORPORATIONS |
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| DOCUMENT # N44918 1. Corporation Name M.J.F. Stoney Plaza, Inc. |
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| Principal Place of Business 839 N. 11th Street Milwaukee, WI 53233 | Mailing Address 839 N. 11th Street Milwaukee, WI 53233 |
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| 2. Principal Place of Business 21 1360 N. Prospect Suite, Apt. #, etc. 22 City & State 23 Milwaukee, WI Zip 24 53202 Country 25 USA | 2a. Mailing Address 26 1360 N. Prospect Suite, Apt. #, etc. 27 City & State 28 Milwaukee, WI Zip 29 53202 Country 30 USA |
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| 9. Name and Address of Current Registered Agent Sleeter, Gerald 3400 Burns Road Suite 104 Palm Beach Gardens, FL 33410 | |
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| 3. Date Incorporated or Qualified 08/29/91 | 4. FEI Number 65-0341141 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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 | | |

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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | Director <input type="checkbox"/> DELETE |
| NAME | Bernstein, Joseph M. |
| STREET ADDRESS | 780 N. Water Street |
| CITY - ST - ZIP | Milwaukee, WI 53202 |
| TITLE | Director <input type="checkbox"/> DELETE |
| NAME | Meyer, Richard H. |
| STREET ADDRESS | 1360 N. Prospect Avenue |
| CITY - ST - ZIP | Milwaukee, WI 53202 |
| TITLE | Director <input type="checkbox"/> DELETE |
| NAME | Bert L. Bilsky |
| STREET ADDRESS | 1360 N. Prospect Avenue |
| CITY - ST - ZIP | Milwaukee, WI 53202 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bert L. Bilsky 7/22/98 414-274-6000

CR2E037 (10/97)