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

PROFIT **CORPORATION** ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P06772

(8)

	FILEI)
Jun 05	1997	8:00am
Secre	etary c	of State

Principal Plac 250 E. WISCO STE. 1700 MILWAUKEE W US	NSIN AVE.	250 E. WI STE. 1700	MILWAUKEE WI 53202-4220			Date Incorporated or Qualified					
			 					07/17/1985	02/	05/1996	
· ·	lace of Business	2a. Mailin	g Address					4. FEI Number			pplied For
Suite, Apt.	# oto	26 Suite	Apt. #, etc.					39-1047119			lot Applicable
22	π, θιο.	27	Apr. #, etc.				ł	6. Certificate of Status Desired			Additional Required
City & Stat	6	City &	State					6. Election Campaign Financing		\$5.00) May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Co	untry			8. This corporation has liability for			s. 199.032,
24	25	29		30	· •				Yes		
	9. Name and Address of Curre	nt Registered	Agent		1			10. Name and Address of New Re	gistered	Agent	
	Corporation System				81	Name					
	0 S. PINE ISLAND ROAD NTATION FL 33324				82	Street A	ddres	ss (P.O. Box Number is Not Acceptat	ole)		
PLA	MIATION FL 33324				83						
					84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 05	02-and 607,150	8. Florida Statu	ites the	above	e-named o	corpor	ration submits this statement for the r			its registered
office or r	egistered agent or both, in the stand	์ ปี Florida, Suc	h change was	authoriz	ed by	the corp	oralio	ation submits this statement for the p n's board of directors. I hereby accep	ot the app	pointment a	s registered
	in familiar was and accept a cong	galions of, Section									
SIGNATURE	Signature, typod or printed name of register upg	ont and title if applica	trom the (NC	HE: Register	od Aod	nt signature (ger :	Secretary which reinstalling)	_ <u>5/2</u>]	1/9/	
12.		ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE	ERS ANI	DORECTO	RS IN 12
TITLE	PTD		DELETÉ	1.1	IILE	T				Change	Addition
NAME	MARCUS, STEPHEN			1.21	NAME]					
STREET ADDRESS	7580 N RIVER RD			1.3	STREET	AFIDRESS					
CITY ST-ZIP	RIVER HILLS WI			1.41	S-YTK	1- <i>7</i> IP					
TITLE	SD		DELETE	2.1	ITLE					Change	☐ Addition
NAME	KISSINGER, THOMAS F			2.21	MAME						
STREET ADDRESS	3260 YALE COURT			23	STREET	ADDRESS					
CITY-ST-ZIP	BROOKFIELD WI			2.4	C(1 Y - 9	31 - ZIP					
TITLE	AVPD		☐ DELETE	3.1	ITLE				-	Change	Addition
, NAME	OLSON, BRUCE J.			3.2	NAMÉ	ļ					
STREET ADDRESS	10540 N. COUNTRY CLUB DE	RIVE		3.3	STREET	ADDRESS					
CITY-ST-ZIP	MEQUON WI			3 4.	DITY-S	ST - 74P					
TITLE	AVP		DETETE	4.1	HTLE					Change	Addition
NAME	LUÇAS, DAVID T.			4. 2	NAME]					
STREET ADDRESS	3142 E. KENWOOD BLVD.			4.3	STREET	ADDRESS					
CITY-ST-ZIP	MILWAUKEE WI				CITY-S	T-ZIP					
TITLE	AVP		DELETE	51	IITLE	İ				Change	☐ Addition
NAME	MARCUS, GREG			•	3MA	Į					
STREET ADDRESS	250 EAST WISCONSIN AVEN	UE		5.3	STREE 1	ADDRESS					
CITY-ST-ZIP	MILWAUKEE WI				CITY-S	7-21F					
TITLE			DELETE	6.1	IITLE	-				☐ Change	Addition
NAME				6.21	MAME	İ					
STREET ADDRESS				6.3	STREET	ADDRESS					
CITY-ST-ZIP				6.4 (HY-S	1 - ZIP					

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 on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address.