

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06772 (8)
 1. Corporation Name
B & G REALTY, INC.



Principal Place of Business 250 E. WISCONSIN AVE. STE. 1700 MILWAUKEE WI 53202-4221 US	Mailing Address 250 E. WISCONSIN AVE. STE. 1700 MILWAUKEE WI 53202-4220 US
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3. Date Incorporated or Qualified 07/17/1985	3a. Date of Last Report 02/05/1996
4. FEI Number 39-1047119	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 *Thomas F. Kissinger* **Thomas F. Kissinger, Secretary** **5/21/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTD	<input type="checkbox"/>
NAME	MARCUS, STEPHEN	
STREET ADDRESS	7580 N RIVER RD	
CITY-ST-ZIP	RIVER HILLS WI	
TITLE	SD	<input type="checkbox"/>
NAME	KISSINGER, THOMAS F	
STREET ADDRESS	3280 YALE COURT	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	AVPD	<input type="checkbox"/>
NAME	OLSON, BRUCE J.	
STREET ADDRESS	10540 N. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MEQUON WI	
TITLE	AVP	<input type="checkbox"/>
NAME	LUCAS, DAVID T.	
STREET ADDRESS	3142 E. KENWOOD BLVD.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	AVP	<input type="checkbox"/>
NAME	MARCUS, GREG	
STREET ADDRESS	250 EAST WISCONSIN AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Thomas F. Kissinger* **Thomas F. Kissinger, Secretary** **5/21/97** (11) 274 2806

CR2E034 (9/96)