

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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 53202-4221 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24
 25
 26 250 E. Wisconsin Ave.
 27 Suite, Apt. #, etc.
 28 Attn: Legal Dept.
 29 Milwaukee, WI
 30 Zip Country
 31 53202 32 US

3. Date Incorporated or Qualified: 07/17/1985
 4. FEI Number: 39-1047119 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	Assistant Treasurer
NAME	MARCUS, STEPHEN	1.2 NAME	
STREET ADDRESS	7580 N RIVER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER HILLS WI	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	KISSINGER, THOMAS F	2.2 NAME	
STREET ADDRESS	3280 YALE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	2.4 CITY-ST-ZIP	
TITLE	AVP	3.1 TITLE	
NAME	OLSON, BRUCE J.	3.2 NAME	
STREET ADDRESS	10540 N. COUNTRY CLUB DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI	3.4 CITY-ST-ZIP	
TITLE	AVP	4.1 TITLE	
NAME	LUCAS, DAVID T.	4.2 NAME	
STREET ADDRESS	3142 E. KENWOOD BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	President
NAME	MARCUS, GREG	5.2 NAME	
STREET ADDRESS	250 EAST WISCONSIN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Treasurer
NAME		6.2 NAME	Neis, Douglas A.
STREET ADDRESS		6.3 STREET ADDRESS	250 E. Wisconsin Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Milwaukee, WI 53202

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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, Secretary 7/20/98 (414) 905-1390

CR2E034 (5/98)