

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

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May 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P21102** (9)
1. Corporation Name
EVEREN CLEARING CORP.

Principal Place of Business
**111 E. KILBOURN AVE.
MILWAUKEE WI 53202-3713**

Mailing Address
**111 E. KILBOURN AVE.
MILWAUKEE WI 53202-6611**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1988	3a. Date of Last Report 06/25/1996
21		26		4. FEI Number 36-3223831	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	
				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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CANNING, R. G			1.2 NAME			
STREET ADDRESS	111 EAST KILBOURN AVE			1.3 STREET ADDRESS			
CITY- ST- ZIP	MILWAUKEE WI			1.4 CITY- ST- ZIP			
TITLE	M	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEGGS, RICHARD G			2.2 NAME			
STREET ADDRESS	111 EAST KILBOURN AVE			2.3 STREET ADDRESS			
CITY- ST- ZIP	MILWAUKEE WI			2.4 CITY- ST- ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENDERS, FLORENCE Z.			3.2 NAME			
STREET ADDRESS	111 EAST KILBOURN AVENUE			3.3 STREET ADDRESS			
CITY- ST- ZIP	MILWAUKEE WI			3.4 CITY- ST- ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VORPAHL, JEFFREY D.			4.2 NAME	ALDO BONFIGLIO		
STREET ADDRESS	111 EAST KILBOURN AVENUE			4.3 STREET ADDRESS	111 EAST KILBOURN AVENUE		
CITY- ST- ZIP	MILWAUKEE WI			4.4 CITY- ST- ZIP	MILWAUKEE, WI.		
TITLE	COO	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIVIANO, MICHAEL C			5.2 NAME			
STREET ADDRESS	111 EAST KILBOURN AVE			5.3 STREET ADDRESS			
CITY- ST- ZIP	MILWAUKEE WI			5.4 CITY- ST- ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACK, CRAIG M.			6.2 NAME			
STREET ADDRESS	111 EAST KILBOURN AVE.			6.3 STREET ADDRESS			
CITY- ST- ZIP	MILWAUKEE WI			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:

Aldo Bonfiglio

Aldo Bonfiglio

5/05/97

414/225-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)