



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

FILED

May 01 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 # P25099 (3)					
1. Corporation Name LAUB GROUP, INC. IL					
Principal Place of Business 1555 N. RIVERCENTER DRIVE P. O. BOX 12850 MILWAUKEE WI 53212-7850			Mailing Address 1555 N. RIVERCENTER DRIVE P. O. BOX 12850 MILWAUKEE WI 53212-0850		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 04/23/1996	
22 City & State		27 City & State		4. FEI Number 39-1632417	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WILLIAMS, ROBERT E SR 4000 HOLLYWOOD BLVD STE 625 SOUTH HOLLYWOOD FL 33021				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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CEOP			1.2 NAME		
STREET ADDRESS LAUB, RAYMOND H			1.3 STREET ADDRESS		
CITY-ST-ZIP 1555 N RIVERCTR DR STE 203			1.4 CITY-ST-ZIP		
CITY-ST-ZIP MILWAUKEE WI					
1.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CFOT			2.2 NAME		
STREET ADDRESS LOOMIS, DAVID J			2.3 STREET ADDRESS		
CITY-ST-ZIP 1555 N RIVERCTR DR STE 203			2.4 CITY-ST-ZIP		
CITY-ST-ZIP MILWAUKEE WI					
1.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME S			3.2 NAME		
STREET ADDRESS VOORHORST, NORMA			3.3 STREET ADDRESS		
CITY-ST-ZIP 1555 N. RIVERCENTER DR			3.4 CITY-ST-ZIP		
CITY-ST-ZIP MILWAUKEE WI					
1.1 TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D			4.2 NAME		
STREET ADDRESS STEVOFF, GEORGE			4.3 STREET ADDRESS		
CITY-ST-ZIP 1555 RIVERCTR DR STE 203			4.4 CITY-ST-ZIP		
CITY-ST-ZIP MILWAUKEE WI					
1.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME COOV			5.2 NAME		
STREET ADDRESS WILLIAMS, ROBERT E S			5.3 STREET ADDRESS		
CITY-ST-ZIP 4000 HOLLYWOOD BLVD STE 625 SO			5.4 CITY-ST-ZIP		
CITY-ST-ZIP HOLLYWOOD FL					
1.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:  ROBERT E WILLIAMS 4/14/97 414-220-4820					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)