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

CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	JAL REPORT 1998	Secretary of State DIVISION OF CORPORATIONS			Secretary of State	
t .	MENT # P3369* NAMER-KRASSELT CO.	1 (7)				IIIN DAGUI DIGNI BIRNI SIRNI 1881
Principal Plac	e of Business	Mailing Address				1011 D1811 H1011 D1811 D1011 H181
225 E ROBINS STE 570 ORLANDO FL	SON ST	225 E ROBINSON ST STE 570 ORLANDO FL 32801-4322		DO NOT WRITE IN TH	IS SPACE	
US		US		3. Date Incorporated or Qualified		
				04/24/1991		
	Mace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		 -	39-0227400	Not Applicable \$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & Stat	6	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ziρ	Couritry	Zıp	Country	,	8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	
9, Name and Address of Current Registered Agent 81					10. Name and Address of New Register	ed Agent
MATHEWS, FRANCESCA						
225 E ROBINSON ST			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
STE 570 ORLANDO FL 32802			83	ļ		
ONDANDO PL 32002			24 6"			
ĺ			84	City	F	85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 arid 607.1508, Florida Statutes o of Florida. Such change was au pations of, Section 607.0505, Flori	s, the above thorized by ida Statutes	e-named o the corposit.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE		······		<i>_</i>		
12.	Signature, typed or printed name of registered ag-	ont and title if applicable (NO1E ID DIRECTORS	Registered Age	eni signalure n	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CEO	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	COUNSELL, PAUL S.		1.2 NAME			
STREET ADDRESS	733 N. VAN BUREN ST.		1.3 STREET	ADDRESS		
CITY+ST-ZIP	MILWAUKEE WI		1.4 CiTY - S			
THLE	CVD DELETE		2.1 TITLE			Change Addition
NAME	COUNSELL, PAUL S.		2.2 NAME			
STREET ADDRESS	733 N. VAN BUREN ST.		2.3 STREET ADDRESS			
CITY-SI-ZIP	MILWAUKEE WI		2. 4 CITY-ST-ZIP		<u></u>	
TITLE	PD DELETE		3.1 TITLE			Change Addition
NAME	KRIVKOVICH, PETER		3.2 NAME			
STREET ADDRESS	225 N. MICHIGAN AVE,24FL CHICAGO IL		3.3 STREET			
CITY-ST-ZIP TITLE	VD DELETE		34. CITY-ST-ZIP			Change Addition
NAME	CASEY NEIL P		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI		4.4 CITY - ST - ZIP			
TITLE	T DELETE		5.1 TITLE			Change Addition
NAME	BRADLEY, ROBERT J.		5 2 NAME			
STREET ADDRESS	733 N. VAN BUREN ST.		5 3 STREET	ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI		5.4 CiTY - S	T - ZIP		
TITLE	SD	DELETE	6.1 TITLE			Change
NAME	RENTIEV DAIR M		6.2 MALJE			

14. Thereby 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 attackment with an address.

6.3 STREET ADDRESS

FILED

May 04 1998 8:00am