

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P33995

(2)

1. Corporation Name

GREENBERG SHOWS, INC.



Principal Place of Business

21027 CROSSROADS CIRCLE
P O BOX 1612
WAUKESHA, WI 53187

Mailing Address

21027 CROSSROADS CIRCLE
P O BOX 1612
WAUKESHA, WI 53187

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

Waukesha WI

28

Waukesha WI

24

Zip 53187-1612

Country

29

Zip 53187-1612

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME P
GREENBERG, LINDA F.
STREET ADDRESS 21027 CROSSROADS CIRCLE
CITY-STATE-ZIP WAUKESHA, WI

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP Waukesha WI 53187-1612

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME D
KALMBACH, CHARLES A.
STREET ADDRESS 21027 CROSSROADS CIR
CITY-STATE-ZIP WAUKESHA WI

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP Waukesha WI 53187-1612

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME D
MAHNKE, KSTHRYN K
STREET ADDRESS 21027 CROSSROADS CIRCLE
CITY-STATE-ZIP WAUKESHA WI

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP Waukesha WI 53187-1612

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME S
HAYDEN, ROBERT L. JR.
STREET ADDRESS 21027 CROSSROADS CIRCLE
CITY-STATE-ZIP WAUKESHA, WI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP Waukesha WI 53187-1612

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME TAS
BOETTCHER, GERALD B.
STREET ADDRESS 21027 CROSSROADS CIRCLE
CITY-STATE-ZIP WAUKESHA, WI

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP Waukesha WI 53187-1612

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME D
HIRSCHMANN, GEORGE F.
STREET ADDRESS 21027 CROSSROADS CIRCLE
CITY-STATE-ZIP WAUKESHA, WI

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP Waukesha WI 53187-1612

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *GBBoettcher* GERALD B. BOETTCHER 3-8-96 414-796-8716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

P33995

X Change

ATTACHMENT TO

FLORIDA CORPORATION ANNUAL REPFORT

BLOCK 12, CONTINUED: ADDITIONAL DIRECTORS

D
WALTER J MUNDSCHAU
21027 CROSSROADS CIRCLE
WAUKESHA WI 53187-1612

D
JAMES J KING
21027 CROSSROADS CIRCLE
WAUKESHA WI 53187-1612