

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33995** (2)
1. Corporation Name
GREENBERG SHOWS, INC.



Principal Place of Business 21027 CROSSROADS CIRCLE P O BOX 1612 WAUKESHA WI 53187-1612 US	Mailing Address 21027 CROSSROADS CIRCLE P O BOX 1612 WAUKESHA WI 53187-1612 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Waukesha WI 24 Zip 53187-1612 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Waukesha WI 29 Zip 53187-1612 30 Country		3. Date Incorporated or Qualified 05/21/1991	4. FEI Number 36-3741255 Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, LINDA F.	1.2 NAME	
STREET ADDRESS	21027 CROSSROADS CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WAUKESHA WI	1.4 CITY - ST - ZIP	Waukesha WI 53187-1612
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALMBACH, CHARLES A.	2.2 NAME	
STREET ADDRESS	21027 CROSSROADS CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAUKESHA WI	2.4 CITY - ST - ZIP	Waukesha WI 53187-1612
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHNKE, KATHRYN K	3.2 NAME	
STREET ADDRESS	21027 CROSSROADS CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAUKESHA WI	3.4 CITY - ST - ZIP	Waukesha WI 53187-1612
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYDEN, ROBERT L. JR.	4.2 NAME	
STREET ADDRESS	21027 CROSSROADS CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAUKESHA WI	4.4 CITY - ST - ZIP	Waukesha WI 53187-1612
TITLE	TAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOETTCHER, GERALD B.	5.2 NAME	
STREET ADDRESS	21027 CROSSROADS CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WAUKESHA WI	5.4 CITY - ST - ZIP	Waukesha WI 53187-1612
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRSCHMANN, GEORGE F.	6.2 NAME	
STREET ADDRESS	21027 CROSSROADS CIRCLE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WAUKESHA WI	6.4 CITY - ST - ZIP	Waukesha WI 53187-1612

14. I 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: *KB Boettcher* **GERALD B. BOETTCHER** February 19, 1998

414-796-8776

CR2E034 (10/97)