

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/30/95--01037--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P34549** (6)

1. Corporation Name:
LASALLE DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
268 REID ST PO BOX 498
FONTANA WI 53125 FONTANA WI 53125
US US

3. Date Incorporated or Qualified **07/02/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		36-2867620		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
City		City		29		30	
State		State		Zip		Zip	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRAPER, L.F. 1 LAS OLAS CIR #614 FT LAUDERDALE FL 33316				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 607.1608, 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 607.0504, Florida Statutes.

SIGNATURE _____ (Signature of current registered agent and the applicable registered agent signature required after registration) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, LEWIS F.	1.2 NAME	
STREET ADDRESS	1 LAS OLAS CIR #614	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, DANIEL S.	2.2 NAME	
STREET ADDRESS	PO BOX 498 NA	2.3 STREET ADDRESS	
CITY, ST, ZIP	FONTANA WI	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROESE, BARBARA	3.2 NAME	
STREET ADDRESS	1 LAS OLAS CIR #614	3.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	3.4 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, EDITH	4.2 NAME	
STREET ADDRESS	PO BOX 498 NA	4.3 STREET ADDRESS	
CITY, ST, ZIP	FONTANA WI	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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	

REMITTED BY MAY 1

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(6)(b), 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 of this report, or in an attachment with an address.

SIGNATURE:  **President**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (414) 275-8502