| COR<br>ANNU  | PROFIT<br>PORATION<br>JAL REPORT<br><b>1997</b>   |   |  | a B. Morti<br>etary of Sta  | h <b>am</b><br>Ite  | May 02<br>Secret   |  |   |  |
|--|---|---|--|---|---|--|--|---|--|
| DCUN<br>orporation   |   | 6404  | (2)  |   | <u></u>   |  |  |   |  |
|  | 0, 110: 01 WIDOO  |   |  |   |   |  |  |   |  |
| cipal Place of Business Mailing Address i NORTH 124TH STREET. SUITE E 3315 NORTH 124TH STRE OKFIELD WI 53005 BROOKFIELD WI 53005-91  |   |   |  |   | EE  | T TODILOGU HAN ULUU BUUN BIBH DOMU DUUL DUUL DUUL DUUL DUUL DUUL DUUL DU                                 |  |   |  |
|  |   |   |  |   |   | <ol> <li>Date Incorporated or Qualit</li> <li>11/15/1991</li> </ol>                                      |  | Date of Last F<br><b>/01/1996</b>   | Report   |
| rincipal Pl  | ace of Business   | 2   | 2a. Mailing Address  |   |   | 4. FEI Number<br>39-1599360  |  |   | pplied For<br>ot Applicable  |
| uite, Apt. (   | #, etc.   | 2   | Suite: Apt. #, etc.  |   |   | 5. Certificate of Status Desired   | <u>н П</u>   | \$8.75  | Additional   |
| ty & State   | · · · · · · · · · · · · · · · · · · ·   | 2   | 7<br>City & State  |   |   | 6. Election Campaign Financia  |  |   | equired<br>May Be  |
|  |   | 2   | -  |   |   | Trust Fund Contribution  | <u> </u>   |   | to Fees  |
| ιp   | Country<br>25   | 2   |  | Co<br>30  | untry   | <ul> <li>B. This corporation has liability<br/>Florida Statutes</li> </ul>                               | Yes  |   | s. <b>19</b> 9.032,  |
| 17541  | 9. Name and Addres  |   |  |   | 61 Name   | 10. Name and Address of Net  | w Registered   | Agent   |  |
|  | dall sparkman, /rl<br>) first union finan   |   |  |   |   | dress (P.O. Box Number is Not Acco   |  |   | ·  |
| 2500   |   |   |  |   |   |  |  |   |  |
| 200  | BISCAYNE BLVD. STE  |   |  |   |   |  |  |   |  |
| 200  |   |   |  |   | 83  |  |  |   |  |
| 200 I<br>MIAN  | BISCAYNE BLVD. STE<br>AI FL 33131   | 200   | d 607.1508, Florida Sta  | atutes, the r   | 83<br>84 City<br>above-named cor  | rooration submits this statement for   | FI   | of changing i   | Code<br>ts registered  |
| 200  <br>MIAN<br>Pursuant 1<br>office or re<br>agent. 1 ar<br>IATURE   | BISCAYNE BLVD. STE<br>AI FL 33131<br>to the provisions of Sectic<br>egistered agent, or both<br>in familiar with, and accept<br>Signalian, typed or proted name of  | 200<br>ons 607.0502 and<br>in the State of Fi<br>pt the obligations<br>d registered agerc and                                       | orida. Such change w<br>s of, Section 607.0505   | as authorizi<br>Florida Sta<br>NOTE Register  | 83<br>84 City<br>above-named cor<br>ed by the corpora<br>atutes.  | rporation submits this statement for<br>ation's board of directors. I hereby a<br>ured when reloctating) | FI<br>the purpose of<br>accept the ap                        | of changing i<br>ppointment as  | its registered<br>s registered   |
| 200 I<br>MIAN<br>Pursuant I<br>office or re<br>agent. 1 ar<br>NATURE   | BISCAYNE BLVD. STE<br>AI FL 33131<br>to the provisions of Sectic<br>egistered agent, or both<br>in familiar with, and accept<br>Signalian, typed or proted name of  | 200<br>ons 607 0502 and<br>in the State of Fi<br>pt the obligations   | orida. Such change w<br>s of, Section 607.0505   | as authorizi<br>Florida Sta<br>NOTE Register<br>13  | 83<br>84 City<br>above-named cor<br>ed by the corpora<br>atutes.  | rporation submits this statement for<br>ation's board of directors. I hereby a                           | FI<br>the purpose of<br>accept the ap                        | of changing i<br>ppointment as  | its registered<br>s registered   |
| 200 I<br>MIAN<br>Pursuant I<br>office or re<br>agent. 1 ar<br>NATURE   | BISCAYNE BLVD. STE<br>AI FL 33131<br>to the provisions of Sectic<br>egistered agent, or both<br>in familiar with, and acce<br>Standare, typed or printed name of<br>OF<br>DVPS<br>KARL, KENNETH B.                      | 200<br>ons 607 0502 and<br>in the State of Fi<br>pt the obligations<br>of registered agers and<br>FICE RS AND DIF                   | orida. Such change w<br>s of, Section 607.0505<br>Me if applicable (<br>RECTORS  | as authorize<br>, Florida Sta<br>NOTE Register<br>13<br>1.1   | 83<br>84 City<br>above-named cor<br>ed by the corpora<br>atutes.  | rporation submits this statement for<br>ation's board of directors. I hereby a<br>ured when reloctating) | FI<br>the purpose of<br>accept the ap                        | of changing i<br>pointment as   | its registered<br>s registered<br>RS IN 12   |
| 200 I<br>MIAN<br>Porsuarit I<br>office or re<br>agent. Lar<br>NATORE   | BISCAYNE BLVD. STE<br>AI FL 33131<br>to the provisions of Sectic<br>egistered agent, or both<br>in familiar with, and acce<br>Standard, typest expended name of<br>OF<br>DVPS<br>KARL, KENNETH B.<br>1390 S DIXIE HWY 4 | 200<br>ons 607 0502 and<br>in the State of Fi<br>pt the obligations<br>of registered agers and<br>FICE RS AND DIF                   | orida. Such change w<br>s of, Section 607.0505<br>Me if applicable (<br>RECTORS  | as authoriz<br>, Florida Sta<br>NOTE Register<br>13.<br>1.1<br>1.2<br>1.3   | 83<br>84 City<br>above-named cor-<br>ed by the corpore<br>atutes.<br>ed Agent signature requ-<br>TITLE<br>NAME<br>STREET ADORESS  | rporation submits this statement for<br>ation's board of directors. I hereby a<br>ured when reloctating) | FI<br>the purpose of<br>accept the ap                        | of changing i<br>pointment as   | its registered<br>s registered<br>RS IN 12   |
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| 200 I<br>MIAN<br>Pursuarit I<br>office or r<br>agent. Lar<br>NATURE<br>I ADCRESS<br>SI. 701<br>1 ADDRESS<br>SI. 702  | BISCAYNE BLVD. STE<br>AI FL 33131   | 200<br>ons 607 0502 and<br>in the State of FI<br>pt the obligations<br>of registered agenc and<br>FICE RS AND DIF<br>F1304<br>M.    | orida. Such change w<br>s of, Section 607.0505<br>Me if applicable (<br>TECTORS  | as authoriz:<br>Fiorida Sta<br>NOTE Register<br>13<br>1.1<br>1.2<br>1.3<br>1.4<br>2.1<br>2.2<br>2.3<br>2.4<br>31<br>3.2   | 83       84       City       above-named cored by the corporation of the corporati | rporation submits this statement for<br>ation's board of directors. I hereby a<br>ured when reloctating) | FI<br>the purpose of<br>accept the ap                        | of changing<br>pointment as<br>DDRECTO  | ts registered registered RS IN 12 Addition   |
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| 2001<br>MIAN<br>Porsuarit I<br>office or r<br>agent. Far<br>NATURE<br>FADDRESS<br>SF 7/2<br>FADDRESS<br>SF 7/2<br>FADDRESS<br>SF 7/2<br>FADDRESS<br>SF 7/2<br>FADDRESS<br>SF 7/2<br>FADDRESS<br>SF 7/2                                     | BISCAYNE BLVD. STE<br>AI FL 33131   | 200<br>ons 607 0502 and<br>in the State of FI<br>pt the obligations<br>of registered agenc and<br>FICE RS AND DIF<br>F1304<br>M.    | orida. Such change w<br>s of, Section 607.0505<br>Multi applicable []<br>TECTORS [] DELETE<br>[] DELETE<br>[] DELETE                                       | as authoriz:<br>Fiorida Statistics, Fiorida Stati | 83       84       City       above-named cored by the corporatures.       ed Agent signature required.       TITLE       NAME       STREET ADORESS       City-ST-ZIP       TITLE       NAME       STREET ADORESS       City-ST-ZIP       TITLE       NAME       STREET ADDRESS       City-ST-ZIP       TITLE       NAME   | rporation submits this statement for<br>ation's board of directors. I hereby a<br>ured when reloctating) | FI<br>the purpose of<br>accept the ap                        | of changing<br>pointment as<br>ID DIRECTOI  | Its registered   |
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| 200 I<br>MIAN<br>Pursuarit I<br>office or tr<br>ageot. Lar<br>NATURE<br>I ADDRESS<br>SI-70<br>I ADDRESS<br>SI-70<br>I ADDRESS<br>SI-70<br>I ADDRESS<br>SI-70<br>I ADDRESS<br>SI-70<br>I ADDRESS<br>SI-70<br>I ADDRESS<br>SI-70             | BISCAYNE BLVD. STE<br>AI FL 33131   | 200<br>ons 607 0502 and<br>in the State of FI<br>pt the obligations<br>of registered agenc and<br>FICE RS AND DIF<br>F1304<br>M.    | orida. Such change w<br>s of, Section 607.0505   | as authoriz:<br>Fiorida Sta<br>NOTE Register<br>13<br>1.1<br>1.2<br>1.3<br>1.4<br>2.1<br>2.3<br>2.4<br>31<br>3.2<br>3.3<br>3.4<br>4.1<br>4.2<br>4.3<br>3.3<br>3.4<br>4.1<br>4.2<br>4.3<br>3.3<br>3.4<br>4.1<br>5.1<br>5.2<br>5.3<br>5.4<br>6.1  | 83       84       City       above-named cored by the corporatures.       ed Agent signature required.       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       TITLE  | rporation submits this statement for<br>ation's board of directors. I hereby a<br>ured when reloctating) | FI<br>the purpose of<br>accept the ap                        | Of changing pointment as     ID DIRECTO     Change     Change     Change     Change | Its registered<br>registered<br>RS IN 12<br>Addition<br>Addition<br>Addition                         |
| 200 I<br>MIAN<br>Pursuarit I<br>office or tr<br>agent. 1 ar<br>NATORE<br>I ADDRESS<br>SI 7/P<br>I ADDRESS<br>SI 7/P<br>I ADDRESS<br>SI 7/P<br>I ADDRESS<br>SI 7/P<br>I ADDRESS<br>SI 7/P   | BISCAYNE BLVD. STE<br>AI FL 33131   | 200<br>ons 607 0502 and<br>in the State of FI<br>pt the obligations<br>of registered agenc and<br>FICE RS AND DIF<br>F1304<br>M.    | orida. Such change w<br>s of, Section 607.0505   | as authoriz:<br>Fiorida Sta<br>NOTE Register<br>13<br>1.1<br>1.2<br>1.3<br>1.4<br>2.1<br>2.3<br>2.4<br>31<br>3.2<br>2.4<br>31<br>3.2<br>3.3<br>3.4<br>4.1<br>4.2<br>4.3<br>3.3<br>3.4<br>4.1<br>4.2<br>5.3<br>5.4<br>6.1<br>6.2   | 83       84       City       above-named cored by the corporatures.       ed Agent signature required.       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP  | rporation submits this statement for<br>ation's board of directors. I hereby a<br>ured when reloctating) | FI<br>the purpose of<br>accept the ap                        |   | Its registered<br>registered<br>RS IN 12<br>Addition<br>Addition<br>Addition                         |
| 2001<br>MIAN<br>Porsuarit I<br>office or r<br>agent. Lar<br>NATURE<br>LADCRESS<br>SI-70<br>LADCRESS<br>SI-70<br>LADCRESS<br>SI-70<br>LADCRESS<br>SI-70<br>LADCRESS<br>SI-70<br>LADCRESS<br>SI-70<br>LADCRESS<br>SI-70<br>LADCRESS<br>SI-70 | BISCAYNE BLVD. STE<br>AI FL 33131   | 200<br>ons 607.0502 and<br>in the State of Fi<br>pt the obligations<br>d repoted ages and<br>FICE RS AND Dif<br>F1304<br>M.<br>TE E | orida. Such change w<br>s of, Section 607.0505<br>The if applicable []<br>TECTORS []<br>DELETE<br>] DELETE<br>] DELETE<br>] DELETE<br>] DELETE<br>] DELETE | as authoriz:<br>Fiorida Sta<br>NOTE Register<br>13<br>1.1<br>1.2<br>1.3<br>1.4<br>2.1<br>2.3<br>2.4<br>3.1<br>3.2<br>2.4<br>3.1<br>3.2<br>3.3<br>3.4<br>4.1<br>4.1<br>4.2<br>4.3<br>3.3<br>3.4<br>4.1<br>5.1<br>5.2<br>5.3<br>5.4<br>6.1<br>6.2<br>6.3<br>6.4   | 83         84         City         above-named cored by the corporatures.         ed Agent signature requirations.         iTILE         NAME         STREET ADORESS         CITY-ST-ZIP         TITLE         NAME         STREET ADORESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE  | rporation submits this statement for<br>ation's board of directors. I hereby a<br>ured when reloctating) | FI<br>the purpose of<br>accept the ap<br>DATE<br>DEFICERS AN |   | Its registered<br>registered<br>RS IN 12<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition |