FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:40

DOCUMENT # **P92000000994 (3)**

1. Corporation Name

FRANKLIN CENTRES, INC.

Principal Place of Business	Mailing Address
3315 N 124TH ST STE E BROOKFIELD WI 53005 US	3315 N 124TH ST STE. #E BROOKFIELD FL 53005-3105 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992	3a. Date of Last Report: 02/02/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 65-0375142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KENDALL SPARKMAN/ RUBIN BAUM LEVIN ET AL
2500 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD. STE.2500
MIAMI FL 33131-2336

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd., Ste. 200

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	KARL, KENNETH B	12 NAME		
STREET ADDRESS	1390 S DIXIE HIGHWAY, SUITE 1304	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP		
TITLE	ASAT	21 TITLE		☐ Change ☐ Addition
NAME	KARL, KENNETH B	22 NAME		
STREET ADDRESS	1390 S. DIXIE HWY, STE. #1304	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP		
TITLE	VS	31 TITLE		☐ Change ☐ Addition
NAME	[illegible]	32 NAME		
STREET ADDRESS	[illegible]	33 STREET ADDRESS		
CITY-ST-ZIP	[illegible]	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	V,S, T	☐ Change ☐ Addition
NAME	MENNIG, MICHELLE M	42 NAME	Nennig, Michelle M.	
STREET ADDRESS	3315 124TH ST , STE E	43 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: [signature] Vice President 3/27/95 (414) 781-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michelle M. Nennig

0000002 CP