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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	Sandra B. Mortham AL REPORT Secretary of State DIVISION OF CORPORATIONS										
	1ENT # P 92000000994		.								
Principal Place	of Business 124th St., Ste. E	Mailing Address 3315 N. 124t	n St.	, Ste.	E						
Brookfie	eld, WI 53005	∛I 5									
USA USA						ncorporated or Qualified /30/1992	3a. Date of	of Last Repo	ort		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Nu	imber	<u> </u>		plied For		
Suite. Apt. #	OIC .	Suite, Apt. #, etc.				-0375142		\$8.75 A	: Applicable :dditional		
22		27			5. Certific	cate of Status Desired		Fee Rec	quired		
City & State		City & State			1	in Campaign Financing Fund Contribution	·				
Z:p	Country	Zip	<u> </u>	intry		orporation has liability for	r intangible ta	ax under s	199.032.		
24	9. Name and Address of Current	Pagistered Agent	30			and Address of New R		gent			
		negistered Agent		81 Name	10. 110.					ļ	
Kendali Sparkman				92 Street A	ddress (P.O. Bo)	Number is Not Accepta	nble)			ĺ	
Rubin, Baum, Levin et al					0001633 (1:0-120)	, Harriog To Hot Accopite				l	
2500 First Union Financial Center											
200 S. Biscayne Blvd, Ste. 200				84 City				85 Zip C	Code		
Miami, FI. 33131-2336 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corp.							<u> </u>				
office or re	distered agent, or both, in the State o	of Florida. Such change was	authorize	a by the corp	corporation submoration's board o	its this statement for the f directors. I hereby acci	purpose of e ept the appo	changirig its intment as r	registered registered		
_	familiar with, and accept the obligat	ions of, Section 607.0505. Fi	orida Sta	ules.							
SIGNATURE _	righature. Typed or printed name of registered agent	and title if applicable (NO	E Registere	d Agent signature i	equired when reinstatin	g)	DATE			ெ	
12.	OFFICERS AND		13.		ADDITI	ONS/CHANGES TO OFF	ICERS AND	DIRECTORS Change	S IN 12 Addition	(12/95	
TIT_E	D, P, A/S, A/T	DELETE	1 11	t			ľ	charge	_ i	5	
NAMÉ	ratt, remeth b.		1.2 N							R2E034	
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TITLE	V, S, T		2 1 1				'				
NAME	Nennig, Michelle M	•	22 N								
STREET ADDRESS	3315 N. 124th St.,	Ste. E		TREET ADDRESS							
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NAME			32 N		¥			_			
STREET ADDRESS				STREET ADDRESS							
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NAME			421	AMÉ						Ì	
STHEFT ADDRESS			435	TREET ADDRESS							
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NAME			521	IAME	*	**200.00		-			
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CITY-ST-ZIP			540	ity-SI-ZiP					A 2.01	-	
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CHTY ST-ZIP			640	CITY - ST - ZIP			n 110 07/01	W Flor do (Statutor 1	-	
14. I do hereb	y certify that the information supplied	with this filing is voluntarily	urnished	and does not	quality for the ex	kemption stated in Section	n 119 07(3)(k), Florida S	statutes. I	1	

not nereby certify that the information supplied with this tiling is voluntarily furnished antidopes not qualify for the exemption stated in Section 1.19 (SNA), noticed statistics. If 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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR
Michelle M. Nennig, Vice President

314146 414-781-8760