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 # **P93000002300 (0)**

1. Corporation Name
ROUND LAKE CENTRES, INC.

Principal Place of Business	Mailing Address
3315 N 124TH STREET SUITE E BROOKFIELD WI 53005	3315 N 124TH STREET SUITE E BROOKFIELD WI 53005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1993	3a. Date of Last Report: 01/25/1994
4. FEI Number: 36-3908438	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KARL, KENNETH B
1390 S DIXIE HIGHWAY
SUITE 1304
CORAL GABLES FL 33146

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 familar 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 mail-in filing) DATE

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 33146	14 CITY ST ZIP		
TITLE	VPS	21 TITLE		☐ Change ☐ Addition
NAME	[illegible]	22 NAME		
STREET ADDRESS	[illegible]	23 STREET ADDRESS		
CITY ST ZIP	[illegible]	24 CITY ST ZIP		
TITLE	ASAT	31 TITLE		☒ Change ☐ Addition
NAME	KURL, KENNETH B	32 NAME	Karl, Kenneth B.	
STREET ADDRESS	1390 S. DIXIE HWY STE 1304	33 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP		
TITLE	T	41 TITLE	V,S, T	☒ Change ☒ Addition
NAME	WENNING, CHELLE	42 NAME	Nennig, Chelle	
STREET ADDRESS	3315 N. 124TH ST SUITE 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)(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: Michelle M. Nennig Vice President 3/27/95 (414) 781-1676
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
Michelle M. Nennig

0398090 CP