FILE NOW: FIL PROFIT CORPORATION ANNUAL REPORT 1997	ING FEE AFTEI	R MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 01 1997 8:00am Secretary of State		
OCUMENT # P Sorporation Narie CENTRES PROPERTIES,		119 (6)				
cipal Plane of Business N 124TH ST SUITE E OKFIELD WI 53005	3315	ng Address N 124TH ST SUITE OKFIELD WI 53005-310			TOTOLOGICE (THE CONTRACT	
				3. Date Incorporated or Qualified 08/05/1994	3e. Date of Last R 05/01/1996	eport
Principal Place of Business		Mailing Address		4. FEI Number	Ap	plied For
Suite, Apt. #, ctc	26 S	Guite, Apt. #, etc.		39-1806344 5. Certificate of Status Desired	\$8.75	
Sty & Stale	27	City & State		6. Election Campaign Financing	Fee Re \$5.00	
2ip Cour	28 28		Country	Trust Fund Contribution	Added I	o Fees
25	29	·	30		Yes 🔲 No	199.032,
SPARKMAN, KENDALL	iress of Current Register	red Agent	81 Name	10. Name and Address of New Re		*
200 BISCAYNE BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
ste 200 Miami FL 33131-2336			83		······································	
			84 City		FL ⁸⁵ Zip	Code
agent. Lam familiar with, and a NATURE	ane of registered agent and tell if a	Section 607.0505, Flo	Prida Statutes. Registered Agent signature req	ation's board of directors. I hereby accept ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
		DELETE	1.1 TITLE		Change	Addition
KARL, KENNETH			1.2 NAME 1.3 STREET ADDRESS			
SI-ZIF CORAL GABLES			1.4 CITY - ST - ZIP			
VST NENNIG, MICHEL	LE	DELETE	2.1 TIRE 2.2 NAME		L_I Change	Addition
HADDEESS 3315 N. 124 ST.	STE. E		2 3 STREET ADDRESS			
SI-ZIP BROOKFIELD WI		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
			3.2 NAME			
ET ADDRESS - STZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP			
		DELETE	4 1 TITLE	······································	Change	Addition
ELADORESS]			4. 2 NAME 4.3 STREET ADDRESS			
51 214		DELETE	4.4 CITY-ST-ZIP		Change	Addition
			5.1 TITLE 5.2 NAME		L.J Grange	Lang Addition
			5.3 STREET ADDRESS			
ELADORESS						
		DELETE	5.4 CITY - ST- ZIP 6 1 TITLE		Change	Addition
ET AOURESS ST 20 ⁶		DELETE	5.4 CITY - ST- ZIP 6 1 TITLE 6.2 NAME		Change	Addition
ET ADDRESS ST. 20 ⁶ E EL ADDRESS		DELETE	5.4 CITY - ST- ZIP 6 1 TITLE 6.2 NAME 6 3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	Change	Addition
EF ADDRESS (ST 20) E EF ADDRESS (ST 70) T do hereby certify that the info	rmation supplied with this	filing does not qualit	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 9 for the exemption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further certify that	the
EF ADDRESS ST 20° EFF ADDRESS ST 70° T do hereby certify that the infor information indicated on this ar 1 am an officer or director of the appears in Block 12 or Brock 1	inual report or supplement c corporation or the receiv 3 if changed, or on an att	filing does not qualit tal annual report is to ver or trustee empow	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP by for the exemption statu- rue and accurate and th- ered to execute this rep	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that I effect as if made un	the der oath; that
ET ADDRESS ST 20° ET ADDRESS ST 70° T do hereby certify that the information indicated on this ar 1 am an officer or director of the appears in Block 12 or Brock 1 Centres Propertic GNATURE:	inual report or supplement c corporation or the receiv 3 if changed, or on an att	filing does not qualitatal annual report is to ver or trustee empower achment with an add	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP for the exemption statu- rue and accurate and th- rered to execute this rep fress. Michell	at my signature shall have the same lega	s. I further certify that I effect as if made uni Italutes; and that my r	the der oath; that ame