

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 APR -5 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084564 (1)

1. Corporation Name

CENTRES ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**3315 N 124TH ST SUITE E
BROOKFIELD WI 53005**

**3315 N 124TH ST SUITE E
BROOKFIELD WI 53005**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

11/15/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

39-1808347

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

10. Name and Address of New Registered Agent

**SPARKMAN, KENDALL
200 S BISCAYNE BLVD
SUITE 2500
MIAMI FL 33131-2338**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 200

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

* Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when transferring.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KARL, KENNETH B**
STREET ADDRESS **1390 S DIXIE HWY SUITE 1304**
CITY- ST- ZIP **CORAL GABLES FL 33146**

1 TITLE **D, P, AS, AT** ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE
NAME **Nennig, Michelle**
STREET ADDRESS **3315 N. 124th Street, Ste. E**
CITY- ST- ZIP **Brookfield, WI 53005**

21 TITLE **V, S, T** ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS **300001450593**
34 CITY- ST- ZIP **-04/07/95--01039--018**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE **2A** ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS **4-5**
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 110.07(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:

Michelle M. Nennig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

3/15/95 (414) 781-8760
Date (Typed or Printed)