

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

012207 1511:49

DOCUMENT # P94000085301 (7)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CENTRES DEVELOPMENT, INC.

CENTRES GROUP, INC.

2. Principal Place of Business 3315 N 124TH STREET SUITE E BROOKFIELD WI 53005		26. Mailing Address 3315 N 124TH STREET SUITE E BROOKFIELD WI 53005		3. Date incorporated or organized 11/22/1994		30. Date of last report	
21. State of incorporation WI		26. State of mailing address WI		4. FID Number 39-1810948		Applied For Not Applicable	
22. City or County Brookfield		27. City or County Brookfield		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City or County Brookfield		28. City or County Brookfield		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City or County Brookfield		25. City or County Brookfield		29. City or County Brookfield		30. City or County Brookfield	
9. Name and Address of Current Registered Agent SPARKMAN, KENDALL 200 S BISCAYNE BLVD SUITE 200 MIAMI FL 33131-2336				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. State			
85. Zip Code				86. City			
11. Pursuant to the provisions of Sections 607.06(2) 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 provisions of Section 607.06(2), Florida Statutes.							
SIGNATURE Kendall Sparkman, President of the Corporation Kendall Sparkman, Registered Agent of the Corporation Kendall Sparkman, Secretary of the Corporation							

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
1. NAME D KARL, KENNETH B 1390 S DIXIE HIGHWAY, SUITE 1304 CORAL GABLES FL 33146		1. NAME P, D, AS, AT ☐ Change ☒ Addition	
2. NAME V, S, T Nennig, Michelle M. 3315 N. 124th St., Ste. E Brookfield, WI 53005		2. NAME Nennig, Michelle M. 3315 N. 124th St., Ste. E Brookfield, WI 53005 ☐ Change ☒ Addition	
3. NAME 000001469720 -05/01/95--01073--017 ***200.00 ***200.00		3. NAME 000001469720 -05/01/95--01073--017 ***200.00 ***200.00 ☐ Change ☐ Addition	
4. NAME		4. NAME	
5. NAME		5. NAME	
6. NAME		6. NAME	
7. NAME		7. NAME	
8. NAME		8. NAME	
9. NAME		9. NAME	
10. NAME		10. NAME	
11. NAME		11. NAME	
12. NAME		12. NAME	
13. NAME		13. NAME	
14. NAME		14. NAME	
15. NAME		15. NAME	
16. NAME		16. NAME	
17. NAME		17. NAME	
18. NAME		18. NAME	
19. NAME		19. NAME	
20. NAME		20. NAME	
21. NAME		21. NAME	
22. NAME		22. NAME	
23. NAME		23. NAME	
24. NAME		24. NAME	
25. NAME		25. NAME	
26. NAME		26. NAME	
27. NAME		27. NAME	
28. NAME		28. NAME	
29. NAME		29. NAME	
30. NAME		30. NAME	
31. NAME		31. NAME	
32. NAME		32. NAME	
33. NAME		33. NAME	
34. NAME		34. NAME	
35. NAME		35. NAME	
36. NAME		36. NAME	
37. NAME		37. NAME	
38. NAME		38. NAME	
39. NAME		39. NAME	
40. NAME		40. NAME	
41. NAME		41. NAME	
42. NAME		42. NAME	
43. NAME		43. NAME	
44. NAME		44. NAME	
45. NAME		45. NAME	
46. NAME		46. NAME	
47. NAME		47. NAME	
48. NAME		48. NAME	
49. NAME		49. NAME	
50. NAME		50. NAME	
51. NAME		51. NAME	
52. NAME		52. NAME	
53. NAME		53. NAME	
54. NAME		54. NAME	
55. NAME		55. NAME	
56. NAME		56. NAME	
57. NAME		57. NAME	
58. NAME		58. NAME	
59. NAME		59. NAME	
60. NAME		60. NAME	
61. NAME		61. NAME	
62. NAME		62. NAME	
63. NAME		63. NAME	
64. NAME		64. NAME	
65. NAME		65. NAME	
66. NAME		66. NAME	
67. NAME		67. NAME	
68. NAME		68. NAME	
69. NAME		69. NAME	
70. NAME		70. NAME	
71. NAME		71. NAME	
72. NAME		72. NAME	
73. NAME		73. NAME	
74. NAME		74. NAME	
75. NAME		75. NAME	
76. NAME		76. NAME	
77. NAME		77. NAME	
78. NAME		78. NAME	
79. NAME		79. NAME	
80. NAME		80. NAME	
81. NAME		81. NAME	
82. NAME		82. NAME	
83. NAME		83. NAME	
84. NAME		84. NAME	
85. NAME		85. NAME	
86. NAME		86. NAME	
87. NAME		87. NAME	
88. NAME		88. NAME	
89. NAME		89. NAME	
90. NAME		90. NAME	
91. NAME		91. NAME	
92. NAME		92. NAME	
93. NAME		93. NAME	
94. NAME		94. NAME	
95. NAME		95. NAME	
96. NAME		96. NAME	
97. NAME		97. NAME	
98. NAME		98. NAME	
99. NAME		99. NAME	
100. NAME		100. NAME	

14. I hereby certify that the information supplied with this report is accurately furnished and does not comply with the corporation's statement of tax liability for the Florida Department of State. I further certify that the information is included in the annual report of the corporation and is not subject to any other report or statement. I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation. I am familiar with and accept the provisions of Section 607.06(2), Florida Statutes, and I am qualified to act as a registered agent for the corporation.

SIGNATURE: Michelle M. Nennig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR OFFICER
Michelle M. Nennig
Vice President
012715 (414) 711-8760
\$1,279.50
0385074