

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000051490 (7)

1. Corporation Name

CENTRES ENTERPRISES MADISON ONE, INC.



Principal Place of Business

3315 NORTH 124TH STREET  
SUITE 2000  
BROOKFIELD WI 53005

Mailing Address

3315 NORTH 124TH STREET  
SUITE 2000  
BROOKFIELD WI 53005

3. Date Incorporated or Qualified  
07/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
39-1825891

Applied For  
Not Applicable

22. Suite, Apt. #, etc.  
Suite E

27. Suite, Apt. #, etc.  
Suite E

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24. Zip Country

29. Zip Country

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 SOUTH BISCAYNE BLVD.  
SUITE 2500  
MIAMI FL 33131-2336

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME KARL, KENNETH B  
STREET ADDRESS 1390 S. DIXIE HWY #1304  
CITY-ST-ZIP CORAL GABLES FL 33146

1.1 TITLE P, A/S, A/T ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V. S, T ☐ DELETE  
NAME Nennig, Michelle M.  
STREET ADDRESS 3315 N. 124th Street, Ste. E  
CITY-ST-ZIP Brookfield, WI 53005

2.1 TITLE V/S/T ☐ Change ☒ Addition  
2.2 NAME Nennig, Michelle M.  
2.3 STREET ADDRESS 3315 N. 124th St., Ste. E  
2.4 CITY-ST-ZIP Brookfield, WI 53005

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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  
Michelle M. Nennig, Vice President

3/1/96 414-781-8760

Date

Daytime Phone #

CR2E034 (12/95)