


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000075181 (4)**

1. Corporation Name

TOWNE DEVELOPMENT OF MERRITT ISLAND, INC.

Principal Place of Business

**710 NORTH PLANKINTON AVENUE
SUITE #1200
MILWAUKEE WI 53203**

Mailing Address

**710 NORTH PLANKINTON AVENUE
SUITE #1200
MILWAUKEE WI 53203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1995

4. FEI Number

39-1832596

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZILBER, JOSEPH J	
STREET ADDRESS	710 NORTH PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	

TITLE	P	<input type="checkbox"/> DELETE
NAME	WIGCHERS, ARTHUR W. JR	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	

TITLE	V	<input type="checkbox"/> DELETE
NAME	STEIN, GERALD	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	

TITLE	V	<input type="checkbox"/> DELETE
NAME	JANZ, JAMES F.	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	YOUNG, JAMES B.	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAUN, ROBERT E.	
STREET ADDRESS	710 N PLANKINTON AVE, #1200	
CITY-ST-ZIP	MILWAUKEE WI 53203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENNETT, BRENDA	
1.3 STREET ADDRESS	3000 N. ATLANTIC BLVD., SUITE 205	
1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	

2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENNETT, JACK	
2.3 STREET ADDRESS	3000 N. ATLANTIC BLVD., SUITE 205	
2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BORRIS, JAMES D.	
3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	

4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRANDLICH, JOHN R.	
4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	

5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MADIGAN, MARK S.	
5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	

6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DELISLE, SANDRA J.	
6.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
6.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	

14. I hereby certify that the information supplied with this filing 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

Mark S. Madigan

Assistant Secretary 1/28/98 (414) 274-2433

CR2E034 (10/97)