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 # **P95000081282 (2)**

1. Corporation Name

RUSSELL, FREDERICK, KENDALL & ELLSWORTH, INC.

Principal Place of Business	Mailing Address
1 LAS OLAS BLVD. #614 FT. LAUDERDALE FL 33316	P.O. BOX 498 FONTANA WI 53125

3. Date Incorporated or Qualified: 10/23/1995

3a. Date of Last Report:

2. Principal Place of Business
21 268 Reid Street
22 Suite, Apt. #, etc.
23 City & State: Fontana, WI
24 Zip: 53125
25 Country: Walworth

2a. Mailing Address
26 Post Office Box 498
27 Suite, Apt. #, etc.
28 City & State: Fontana, WI
29 Zip: 53125
30 Country: Walworth

4. FEI Number: 65-0618867 ☐ 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

DRAPER, LEWIS F
1 LAS OLAS BLVD.
#614
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Jeffrey B. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 1401 East Broward Blvd. Suite 206
83: Kelley Herman & Mills
84 City: Fort Lauderdale **FL** 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4-26-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TURNER, JOHN E P.O. BOX 498 N/A FONTANA WI 53125	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	268 Reid Street, P. O. Box 498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRAZZEAL, KEN E P.O. BOX 498 N/A FONTANA WI 53125	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	268 Reid Street, P. O. Box 498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, THOMAS R P.O. BOX 498 N/A FONTANA WI 53125	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DRAPER, LEWIS F P.O. BOX 498 N/A FONTANA WI 53125	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T/D/S 268 Reid Street, P. O. Box 498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: [signature] L. F. Draper, Treasurer / Secretary 4/30/96 (414)275-8502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #