

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082721 (8)

1. Corporation Name

CENTRES GROUP, INC.
SOUTHWEST



Principal Place of Business

3315 NORTH 124TH ST.
SUITE E
BROOKFIELD WI 53005

Mailing Address

3315 NORTH 124TH ST.
SUITE E
BROOKFIELD WI 53005

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

39-1842235

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

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

30

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

85 Zip Code

FL

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 the if applicable

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

P/AS/AT

☐ Change

☒ Addition

TITLE
NAME
Nennig, Michelle M.
STREET ADDRESS
3315 N. 124th St., Ste. E
CITY-STATE-ZIP
Brookfield, WI 53005

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

V, S, T

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

900001722009
-02/23/96--01010--003
***200.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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

2/19/96

414-781-8760

DATE

CR2E034 (12/95)