

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000039618 (9)**

1. Corporation Name
PLN CENTRES GP, INC.

Principal Place of Business
**3315 NORTH 124TH ST.
SUITE E
BROOKFIELD WI 53005**

Mailing Address
**3315 NORTH 124TH ST.
SUITE E
BROOKFIELD WI 53005**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 39-1852760	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Arnold Shevin	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 Two Datan Center, Ste. 1528 9130 South Dadeland Blvd.	
		84 City Miami	85 Zip Code FL 33156

11. Pursuant to the provisions of Sections 607.0507 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 *Arnold D. Shevin* **Arnold D. Shevin** DATE **4/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL, KENNETH B	1.2 NAME	9130 South Dadeland Blvd.
STREET ADDRESS	1390 S. DIXIE HWY #1304	1.3 STREET ADDRESS	Miami, FL 33156
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	
TITLE	PAST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL, KENNETH B	2.2 NAME	
STREET ADDRESS	1390 S DIXIE HWY SUITE 1304	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NENNIG, MICHELLE M	3.2 NAME	
STREET ADDRESS	3315 N 124TH ST SUITE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Michelle M. Nennig* **Michelle M. Nennig** 4/14/98 414-781-8760

CR2E034 (10/97)