

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000044236 (3)**

1. Corporation Name  
**MRM CONSTRUCTION, INC.**

Principal Place of Business  
**1100 CLEVELAND STREET  
SUITE 800  
CLEARWATER FL 34619  
US**

Mailing Address  
**P.O. BOX 51690  
NEW BERLIN WI 53151  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/23/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3390094</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	
<b>C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUELLER, JEROLD A</b>	1.2 NAME	
STREET ADDRESS	<b>2936 SOUTH 116TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW BERLIN WI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENKELS, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>2936 SOUTH 166TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW BERLIN WI 53151</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEVELAND, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>2936 SOUTH 166TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW BERLIN WI 53151</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAUDT, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>7831 GLENROY ROAD - SUITE 300</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55439-3135</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALLDORF, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>3790 DODD ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PAUL MN 55123</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALLDORF, DAROLD</b>	6.2 NAME	
STREET ADDRESS	<b>3790 DODD ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PAUL MN 55123</b>	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:

*[Signature]*

417-98

414-782-6370

CR2E034 (10/97)