

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 # P96000076869 (2)

1. Corporation Name  
CENTRES BENTON HARBOR, INC.

Principal Place of Business

3315 NORTH 124TH STREET  
SUITE E. C/O CENTERS, INC.  
BROOKSFIELD WI 53005

Mailing Address

3315 NORTH 124TH STREET  
SUITE E. C/O CENTERS, INC.  
BROOKSFIELD WI 53005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1996	
4. FEI Number 39-1862519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
22. City & State	29. Zip	30. Country	31. Country

9. Name and Address of Current Registered Agent	
SPARKMAN, KENDALL 200 SOUTH BISCAYNE BOULEVARD SUITE 2500 MIAMI FL 33131-2336	

10. Name and Address of New Registered Agent	
81. Name Arnold Shevin	82. Street Address (P.O. Box Number is Not Acceptable) Two Dattran Center, Ste. 1528
83. City 9130 South Dadeland Blvd.	84. City Miami
85. Zip Code 33156	86. State 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  Arnold P. Shevin 4/21/98

Signature typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	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 SOUTH DIXIE HIGHWAY, SUITE 1304	1.3 STREET ADDRESS	Miami, FL 33156
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VST	2.2 NAME	
STREET ADDRESS	NENNING, MICHELLE M	2.3 STREET ADDRESS	
CITY-ST-ZIP	3315 N 124TH ST, STE E	2.4 CITY-ST-ZIP	
	BROOKFIELD WI		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 4/14/98 414-781-8760

CR2E034 (10/97)