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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9600082514 (6)

MIDWEST GRIFFITH, INC.

Mailing Address Principal Place of Business C/O CENTRES, INC. C/O CENTRES. INC. 3315 NO 124TH ST. STE E 3315 NO 124TH ST. STE E **BROOKFIELD WI 53005** BROOKFIELD WI \$3005-3105 3. Date Incorporated or Qualified 3a. Date of Last Report 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 39-1866264 Not Applicable Suite Ant #. etc. Suite Apr. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees  $Z_{10}$ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SPARKMAN, KENDALL 200 SO. BISCAYNE BLVD. STE 2500 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131-2336 83 84 City 85 Zip Code 11. Persuant 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. Sugardine hyperbiox printed native of registered aspect and title if applicable (NOTE Registered Agent 6-gnature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition 1611.6 11 TITLE KARL, KENNETH B 1.2 NAME NAME CR2E034 1390 SO DIXIE HIGHWAY STE 1304 1.3 STREET ADDRESS STREET ADDRESS. CORAL GABLES FL 33148 1.4 CITY - ST - ZIP CHY 51-20 HILE DELETE 2.1 TITLE Change Addition VST 528246 22 NAME Nennig, Michelle M. 3315 North 124th Street, WI 53005 STREET ADDRESS 23 STREET ADDRESS Ste. E CEY SEZE 2 4 CITY-ST-ZIP ☐ DELETE Change Addition 3 1 TITLE 101:1 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS Cdy-St 7# 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Chance Addition THE NAM 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS  $f(HY\cdot S^{r}\cdot J)P$ 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE THILE SISTAL 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** OHY STIZE 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET A TORKESS 6.4 CITY - ST - ZIP

MIDWEST GRIFFITH, INC.

MICHELLE M. Nennig 4/18/97 414-781-8760

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIMETOR

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIMETOR

Date Date of the control of the cont

14. I do nereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or truster 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.