

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

DOCUMENT # P96000091364 (5)

1. Corporation Name

WEATHERFORD CENTRES GP, INC.



Principal Place of Business

Mailing Address

C/O CENTRES, INC.  
3315 NO 124TH ST E  
BROOKFIELD WI 53005

C/O CENTRES, INC.  
3315 NO 124TH ST STE E  
BROOKFIELD WI 53005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

39-1866726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPARKMAN, KENDALL  
200 SOUTH BISCAYNE BLVD. STE 2500  
MIAMI FL 33131-2336

81 Name

Arnold Shevin

82 Street Address (P.O. Box Number is Not Acceptable)

Two Dattran Center, Ste. 1528

83

9130 South Dadeland Blvd.

84 City

Miami

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 607.002 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 607.009, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Arnold D. Shevin

(NOTE: Registered Agent signature required when reinstating)

4/21/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME KARI, KENNETH B  
STREET ADDRESS 1390 SO DIXIE HIGHWAY STE 1304  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 9130 South Dadeland Blvd.  
1.4 CITY-ST-ZIP Miami, FL 33156

TITLE VST  
NAME NENNIG, MICHELLE M  
STREET ADDRESS 3315 N 124TH ST SUITE E  
CITY-ST-ZIP BROOKFIELD WI ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS NENNIG, MICHELLE M  
2.4 CITY-ST-ZIP 3315 N 124TH ST, SUITE E  
BROOKFIELD, WI 53005

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)