
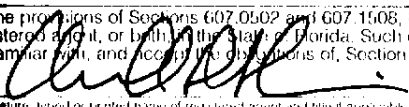


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 # P97000032989 (0) 1. Corporation Name CENTRES ALEXANDRIA, INC.			
Principal Place of Business C/O CENTRES, INC. 3315 NORTH 124TH ST., SUITE E BROOKFIELD WI 53005		Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH ST., SUITE E BROOKFIELD WI 53005	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent SPARKMAN, KENDALL 200 SOUTH BISCAYNE BLVD. 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 9130 South Dadeland Blvd. 84 City: Miami FL 85 Zip Code: 33156	
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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE:  Arnold P. Shevin 4/21/98 Signature, typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE: D NAME: KARL, KENNETH B STREET ADDRESS: 1390 SOUTH DIXIE HWY. SUITE 1304 CITY-ST-ZIP: CORAL GABLES FL 33146 [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE: [X] Change [] Addition 1.2 NAME: 9130 South Dadeland Blvd. 1.3 STREET ADDRESS: Miami, FL 33156 1.4 CITY-ST-ZIP: [] Change [X] Addition 2.1 TITLE: VST 2.2 NAME: NENNIG, MICHELLE M 2.3 STREET ADDRESS: 3315 N 124TH ST, SUITE E 2.4 CITY-ST-ZIP: BROOKFIELD, WI 53005 [] Change [] Addition 3.1 TITLE: [] Change [] Addition 3.2 NAME: [] Change [] Addition 3.3 STREET ADDRESS: [] Change [] Addition 3.4 CITY-ST-ZIP: [] Change [] Addition 4.1 TITLE: [] Change [] Addition 4.2 NAME: [] Change [] Addition 4.3 STREET ADDRESS: [] Change [] Addition 4.4 CITY-ST-ZIP: [] Change [] Addition 5.1 TITLE: [] Change [] Addition 5.2 NAME: [] Change [] Addition 5.3 STREET ADDRESS: [] Change [] Addition 5.4 CITY-ST-ZIP: [] Change [] Addition 6.1 TITLE: [] Change [] Addition 6.2 NAME: [] Change [] Addition 6.3 STREET ADDRESS: [] Change [] Addition 6.4 CITY-ST-ZIP: [] Change [] Addition	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1997

4. FEI Number
39-1888632
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

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)