

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 # P97000051328 (7)
 1. Corporation Name
CENTRES MINNETONKA, INC.



Principal Place of Business C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005	Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 39-1899051	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

g. 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 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: *[Signature]* **Arnold D Shevin** **4/21/98**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KARL, KENNETH B
STREET ADDRESS	1390 SOUTH DIXIE HIGHWAY, SUITE 1304
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	9130 South Dadeland Blvd.
1.3 STREET ADDRESS	Miami, FL 33156
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VST
2.3 STREET ADDRESS	NENNIG, MICHELLE M
2.4 CITY-ST-ZIP	3315 N 124TH ST, SUITE E
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Michelle M. Nennig** **4/14/98 414-781-8760**

CR2E034 (10/97)