


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. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000054630 (3) 1. Corporation Name CENTRES WEST GP, 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 06/18/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 39-1898746		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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	

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	
		85 Zip Code FL 33156	

11. Pursuant to the provisions of Sections 607.0505 and 607.0505, 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 D. Shevin* **Arnold D. Shevin** **4/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE 9130 South Dadeland Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARL, KENNETH B		1.2 NAME Miami, FL 33156	
STREET ADDRESS 1390 S. DIXIE HWY., SUITE 1304		2.1 TITLE VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP CORAL GABLES FL 33146		2.2 NAME NENNIG, MICHELLE M	
		2.3 STREET ADDRESS 3315 N 124TH ST, SUITE E	
		2.4 CITY-ST-ZIP BROOKFIELD, WI 53005	
		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: *Arnold D. Shevin* **Arnold D. Shevin** **4/24/98**

CR2E034 (10/97)