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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000070136					
1. Corporation Name TOWNE DEVELOPMENT OF INDIAN ROCKS, INC.					
Principal Place of Business 710 NORTH PLANKINTON AVENUE SUITE 1200 MILWAUKEE WI 53203			Mailing Address 710 NORTH PLANKINTON AVENUE SUITE 1200 MILWAUKEE WI 53203		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/13/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		39-1903996	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
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 obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
08/13/1997	
4. FEI Number	Applied For
39-1903996	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE: _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V
NAME	ZILBER, JOSEPH J	1.2 NAME	STEIN, GERALD
STREET ADDRESS	710 NORTH PLANKINTON AVENUE	1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI 53203	1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	P	2.1 TITLE	V
NAME	WIGCHERS, ARTHUR W JR	2.2 NAME	JANZ, JAMES F.
STREET ADDRESS	710 N. PLANKINTON AVE, #1200	2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI 53203	2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VS	3.1 TITLE	V
NAME	YOUNG, JAMES B	3.2 NAME	BRAUN, ROBERT E.
STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI 53203	3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VAS	4.1 TITLE	V/TR
NAME	BENNETT, BRENDA	4.2 NAME	CHEVALIER, STEPHAN J.
STREET ADDRESS	3000 N. ATLANTIC BLVD, SUITE 205	4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	COCOA BEACH FL 32931	4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V	5.1 TITLE	AS
NAME	GRANDLICH, JOHN R	5.2 NAME	DELISLE, SANDRA J.
STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI 53203	5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	AS	6.1 TITLE	V
NAME	MADIGAN, MARK S	6.2 NAME	BORRIS, JAMES D.
STREET ADDRESS	710 N. PLANKINTON AVENUE	6.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI 53203	6.4 CITY-ST-ZIP	MILWAUKEE, WI 53203

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, with all other like empowered.

SIGNATURE: Mark S. Madigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/18/98 Daytime Phone #: (414) 274-2433

CR2E034 (1/98)