

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
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DOCUMENT # **P97000074050 (0)**

1. Corporation Name
MIDWEST RIVERVIEW GP, INC.



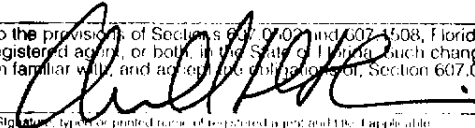
Principal Place of Business C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD WS 53005	Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD WS 53005
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 39-1905660		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	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 Datan Center, Ste. 1528			
				83 9130 South Dadeland Blvd.			
				84 City Miami		85 Zip Code FL 33156	

11. Pursuant to the provisions of Sections 607.0102 and 607.0508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  **Arnold D. Shevin** **4/21/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D			1.1 TITLE	9130 South Dadeland Blvd.		
NAME	KARL, KENNETH B			1.2 NAME	Miami, FL 33156		
STREET ADDRESS	1390 SOUTH DIXIE HIGHWAY SUITE 1304			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE				2.1 TITLE	VST		
NAME				2.2 NAME	NENNIG, MICHELLE M		
STREET ADDRESS				2.3 STREET ADDRESS	3315 N 124TH ST, SUITE E		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	BROOKFIELD, WI 53005		
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

Michelle M. Nennig 4/14/98 414-781-8760

CR2E034 (10/97)