

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90223 016 \*\*\*150.00

DOCUMENT # P97000075060

1. Corporation Name  
CENTRES T. OAKS GP, INC.



Principal Place of Business  
C/O CENTRES, INC.  
3315 N 124 STREET STE E  
BROOKFIELD WI 53005

Mailing Address  
C/O CENTRES, INC.  
3315 N 124 STREET STE E  
BROOKFIELD WI 53005

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
08/25/1997

4. FEI Number  
39-1905662

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
SPARKMAN, KENDALL  
200 S BISCAYNE BLVD STE 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, # 1528  
83 9130 S. Dadeland Blvd  
84 City Miami FL 85 Zip Code 33156

11. Pursuant to the provisions of Sections 607.0507 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 *Arnold D. Shevin* ARNOLD D. SHEVIN 3-22-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS               | CITY-ST-ZIP         | DELETE                   |
|-------|--------------------|------------------------------|---------------------|--------------------------|
| D     | KARL, KENNETH B    | 9130 SOUTH DADELAND BLVD.    | MIAMI FL 33156      | <input type="checkbox"/> |
| VPTS  | NENNIG, MICHELLE N | 3314 N. 124TH STREET, STE. E | BROOKFIELD WI 53005 | <input type="checkbox"/> |
|       |                    |                              |                     | <input type="checkbox"/> |
|       |                    |                              |                     | <input type="checkbox"/> |
|       |                    |                              |                     | <input type="checkbox"/> |
|       |                    |                              |                     | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS                | CITY-ST-ZIP | DELETE   |
|-------|------|-------------------------------|-------------|--|
| D/P   |      | 9130 S. Dadeland Blvd, # 1528 |             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| V/S/T |      |                               |             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                               |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |      |                               |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |      |                               |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |      |                               |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Michelle M. Nennig* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michelle M. Nennig, Vice President

Date

Daytime Phone #

2123147 414-781-8260

CR2E034 (11/98)