

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 # **P97000075518 (5)**

1. Corporation Name
CENTRES WORNALL 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/28/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 39-1905657	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	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	
24. Country	29. Country		

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	85. Zip Code 33156
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 607.0502 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

[Signature] **Arnold D. Shevin**

4/24/98

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

SIGNATURE *[Signature]* **Michelle M. Nennig** 4/14/98 414-781-8760

CR2E034 (10/97)