

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

DOCUMENT # P97000096023 (1)

1. Corporation Name

MIDWEST MT. CLEMENS 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

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

39-1914219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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

82 Street Address (P.O. Box Number is Not Acceptable)  
Two Dattran Center, Ste. 1528

83 9130 South Dadeland Blvd.

84 City Miami

FL

85 Zip Code 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

*Arnold D. Shevin*

4/21/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KARL, KENNETH B  
STREET ADDRESS 9130 S DADELAND BLVD 2 DATRAN CENTER #1528  
CITY-ST-ZIP MIAMI FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME 9130 South Dadeland Blvd.  
1.3 STREET ADDRESS Miami, FL 33156  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VST  
2.3 STREET ADDRESS NENNIG, MICHELLE M  
2.4 CITY-ST-ZIP 3315 N 124TH ST, SUITE E  
BROOKFIELD, WI 53005

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

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

CR2E034 (10/97)