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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104888 (7)

## **FILED** May 18 1998 8:00am Secretary of State

Principal Place of Business  3315 NORTH 124 ST., STE. E BROOKFIELD WI \$3005	Mailing Address 3315 NORTH 124 ST S BROOKFIELD WI 53005	TE. E	DO NOT WRITE IN TH	
2. Principal Place of Business	2a. Mailing Address		12/09/1997 4. FEI Number	Applied For
21	26		39-1915813	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	7ip	Country	Trust Fund Contribution	Added to Fees
24 25	29	30 Country	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year Intangible ☐ Yes ☐ No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
SPARKMAN, KENDALL 200 S. BISCAYNE BLVD., STE. 25 MIAMI FL 33131-2336  11. Pursuant to the promisions of actions 697.09 office or registered about, of both in 74 Subagent. I am Jamiliar with, and approprint of the		82 Street Addr 83 84 City		. 85 Zip Code 33156
SIGNATURE Standard typed or printed name of registered as	- Hr	E Registered Agont 6 gnature require	ownia 4/2 red when reinstaling) DATI	1/98
12. OFFICERS AF	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME KARL, KENNETH B STREET ADDRESS 9130 S. DADELAND BLVD.,	_	1.2 NAME 1.3 STREET ADDRESS	9130 South Dadeland Miami, FL 33156	
CITY-ST-ZIP MIAMI FL 33156	DELETE	1.4 City-St-ZiP 2.1 Title	VST	Change X Addition
NAME	ביין מבניני	2.2 NAME	NENNIG, MICHELLE M	CT Outside TEN Voorgill
STREET ADDRESS		2.3 STREET ADDRESS	3315 N 124TH ST, SUIT	ים יםי
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	BROOKFIELD, WI 53005	
TITLE	☐ DELETE	3.1 TIFLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CiTY-ST-ZIP		4.4 CITY-ST-ZIP		
TATLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5 2 NAME		}
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP		Change Addition
	ר"ו מנרכוב	6.1 TITLE		□ Cusufic □ Modif(0t)
NAME CTOEFT ADDRESS		6.2 NAME		ļ
STREET ADDRESS CITY-ST-2IP		6.3 STREET ADDRESS		
	with this filling does not qualify to	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further	cortify 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.