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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000060418

1. Corporation Name

CENTRES IRONSIDE GP, INC.

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Principal Place	e of Business		Ma	ailing Address												
C/O CENTRES. INC. 3315 NORTH 124TH STREET #E BROOKFIELD WI 53005			331	C/O CENTRES. INC. 3315 NORTH 124TH STREET #E BROOKFIELD WI 53005					DO NOT WRITE IN THIS SPACE							
BROOKHELD WI 53005			DIN	DROOKFIELD WI 53000					3. Date Incorporated or Qualifed							
									07/07	7/1998						
2. Principal Pl	lace of Business		2a.	Mailing Address					4. FELNI	umber	c c o	0		-	<u> </u>	ed For
21			26						39	- 193	<u> </u>	_0				pplicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.	`		,		5. Certifo	cate of Sta	tus Desire	d 🗀		\$8.75 Fee	Add Requ	
City & State	9			City & State			4		6. Electio	on Campai	gn Financ	ing 🗆		\$5.0		, ,
23			28							Fund Cont	~~~~				d to F	ees
Zip		Country	<u></u>	Zip		untry				orporation		current y			<u></u>	]No
24	25		29]		30					nal Proper and Add	-	- Pogis		Yes		1140
	9. Name and	Address of Current	Regis	tered Agent		81	Name		v. Name	ano Auu	1935 UI N	aw Kegis	tereu A	10111		
SHEV	/IN. ARNOLD (	)					,,,,,,,,		_							
	<b>,</b>	TER - SUITE 1528					Street	Address	ss (P.O. Box Number is Not Acceptable)							
		LAND BOULEVARD	)			83	<del> </del>					_				
MIAM	II FL 33156											_		05 7	p Coo	10
						84	- 1						FL	}	•	
office or re	egistered agent.	of Sections 607.0502 or both, in the State of nd accept the obligation	f Floric	da. Such change wa	is authorize	ea by	the corpo	corporat oration's	tion subm board of	its this sta directors.	tement for I hereby a	the purp scept the	ose of ch appoint	nanging ment as	its reg regis	gistered tered
SIGNATURE																l
	Signature, typed or pri	nted name of registered agent a			OTE: Registere		nt signature re	equired who			NGES TO		ATE RS AND	DIREC	TORS	
12.		of registered agent a OFFICERS AND		CTORS	13.		nt signature re		ADDIT	ONS/CHA	NGES TO		RS AND			3 IN 12
12.	D	OFFICERS AND			13.	MLE	nt signature re	O/	ADDIT		NGES TO		RS AND	DIREC		
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP