


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90058 020 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000079166**

1. Corporation Name  
**ZL PLANTATION DEVELOPMENT, INC.**

Principal Place of Business  
**710 N. PLANKINTON AVE., STE. 1200**  
**WILWAUKEE WI 53203**

Mailing Address  
**710 N. PLANKINTON AVE., STE. 1200**  
**WILWAUKEE WI 53203**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/14/1998</b>	
<b>21</b>		<b>26</b>		4. FEI Number <b>39-1940591</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>22</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23</b>		<b>28</b>			
Zip	Country	Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	Zip Code

**FL**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZILBER, JOSEPH J</b>	1.2 NAME	<b>SEE ATTACHED LIST FOR ADDITIONAL OFFICERS</b>
STREET ADDRESS	<b>710 N. PLANKINTON AVE., STE. 1200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILWAUKEE WI 53203</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Madigan

Assistant Secretary 1/18/99 (414) 274-2433

Date

Daytime Phone #

CR2E034 (1/198)

0527392

247743-90058-20  
P980000 79166

ZL PLANTATION DEVELOPMENT, INC.  
DOCUMENT NO. P98000079166

OFFICERS:

P

STEIN, GERALD  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

V

BRAUN, ROBERT E.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

V

JANZ, JAMES F.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

V/T

CHEVALIER, STEPHAN J.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

V/S

YOUNG, JAMES B.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

V

WIGCHERS, ARTHUR W., JR.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

AS

DELISLE, SANDRA J.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

AS

MADIGAN, MARK S.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203