

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

FILED
Jan 23 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 # P37617 (8)
 1. Corporation Name
ZIEGLER ASSET MANAGEMENT, INC.



Principal Place of Business 215 NORTH MAIN ST. WEST BEND WI 53095	Mailing Address 215 NORTH MAIN ST. WEST BEND WI 53095
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1992	4. FEI Number 39-1701101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
---	--

9. Name and Address of Current Registered Agent

PING, RONALD D.
500 N. MAITLAND AVE., SUITE 111
MAITLAND FL 32751-4440

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ZIEGLER, ROBERT D.	
STREET ADDRESS	215 N. MAIN ST.	
CITY-ST-ZIP	WEST BEND WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RALPH F. PATEK	
STREET ADDRESS	215 N. MAIN ST.	
CITY-ST-ZIP	WEST BEND WI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZIEGLER, PETER D.	
STREET ADDRESS	215 N. MAIN ST.	
CITY-ST-ZIP	WEST BEND WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DION, MARC J.	
STREET ADDRESS	215 N. MAIN ST.	
CITY-ST-ZIP	WEST BEND WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JANINE R. YOVANOVICH	
STREET ADDRESS	215 N. MAIN ST.	
CITY-ST-ZIP	WEST BEND WI	
TITLE	I	<input checked="" type="checkbox"/> DELETE
NAME	VAN HORN, LYNN R.	
STREET ADDRESS	215 N. MAIN ST.	
CITY-ST-ZIP	WEST BEND WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZIEGLER, ROBERT D	
1.3 STREET ADDRESS	215 N MAIN ST	
1.4 CITY-ST-ZIP	WEST BEND, WI 53095	
2.1 TITLE	P, CEO & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MACLAY, GEOFFREY G. JR	
2.3 STREET ADDRESS	215 N MAIN ST	
2.4 CITY-ST-ZIP	WEST BEND, WI 53095	
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ZIEGLER, PETER D	
3.3 STREET ADDRESS	215 N MAIN ST	
3.4 CITY-ST-ZIP	WEST BEND, WI 53095	
4.1 TITLE	V & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TUSZYNSKI, ROBERT J.	
4.3 STREET ADDRESS	215 N MAIN ST	
4.4 CITY-ST-ZIP	WEST BEND, WI 53095	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FERRARA, JAY JR.	
5.3 STREET ADDRESS	215 N MAIN ST	
5.4 CITY-ST-ZIP	WEST BEND, WI 53095	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VREDENBREGT, JEFFREY C.	
6.3 STREET ADDRESS	215 N MAIN ST	
6.4 CITY-ST-ZIP	WEST BEND, WI 53095	

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: *J MacLay* **FILED** 1/5/98 414/334-5521

CR2E034 (10/97)

ZIEGLER ASSET MANAGEMENT, INC.

215 North Main Street
West Bend, WI 53095-3348
414-334-5521
800-558-1776
Fax: 414-334-0388



January 5, 1998

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed herewith please find our 1998 Annual Report for Ziegler Asset Management, Inc. along with our check in the amount of \$150.00.

Sincerely,

ZIEGLER ASSET MANAGEMENT, INC.

Rusty L. Dankert
Licensing Administrator

RLD:tbn
Enclosures

VIA CERTIFIED MAIL