

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003977 (6)**

1. Corporation Name
MCGRAND & ASSOCIATES, INC.



Principal Place of Business: 1694 91ST AVE. N.E. BLAINE MN 55449
Mailing Address: 1694 91ST AVE. N.E. BLAINE MN 55449

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	8990 Springbrook Dr	26	8990 Springbrook Dr	09/01/1993	03/16/1995
22	230	27	230	4. FEI Number	Applied For
23	Minneapolis MN	28	Minneapolis MN	41-1299249	Not Applicable
24	55433	29	55433	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Anoka	30	Anoka	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.0702 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD MCGRAND, JEFFREY 478 MYRTLEWOOD CALIMESA CA 92320	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	V MCGRAND, SCOTT 12535 FREMONT YUCAIPA CA 92399	1.2 NAME	
CITY-STATE-ZIP	S MCGRAND-SVOBODA, JILL 4453 LAFAYETTE LANE SPRING PARK MN	1.3 STREET ADDRESS	
TITLE	TO ENERSON, CURTIS 701 82ND AVE. N. BROOKLYN PARK MN 55444	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCGRAND, LUVERN 6110 SUNSET DRIVE MOUND MN 55364	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D BELANGER, LOUIS 6110 SUNSET DRIVE MOUND MN 55364	2.2 NAME	
CITY-STATE-ZIP		2.3 STREET ADDRESS	
TITLE		2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-STATE-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-STATE-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-STATE-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Orin Swank* 1-25-96 612 7864510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Photo #

CR2E034 (12/95)