

**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 # **F93000005760 (4)**

1. Corporation Name  
**WELLCRAFT MARINE CORP.**



Principal Place of Business: 100 SOUTH 5TH ST., STE. 2400 MINNEAPOLIS MN 55402  
Mailing Address: 100 SOUTH 5TH ST., STE. 2400 MINNEAPOLIS MN 55402

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

3	Date Incorporated or Qualified	3a	Date of Last Report
	12/20/1993		04/20/1995
4	FET Number	Applied For	
	36-3924056	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, IRWIN L	1.2 NAME	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, JAMES B	2.2 NAME	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERINSON, KENNETH J	3.2 NAME	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, MARY P	4.2 NAME	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKULA, KATHLEEN M	5.2 NAME	
STREET ADDRESS	100 SOUTH FIFTH STREET SUITE 2400	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	
TITLE		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	

Vice President  
**William A. Munsell**  
100 South Fifth St., #2400  
Minneapolis, MN 55402

Assistant Secretary  
**Lenny Tierney**  
100 South Fifth Str., #2400  
Minneapolis, MN 55402

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (602)337-18  
DATE TIME PHONE #

CR2E034 (12/95)