

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 55402-1206**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/20/1993**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **36-3924056**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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 (81-85)
 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when resigning.) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, IRWIN L	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	D/AS	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, JAMES B	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUNSELL, WILLIAM	
STREET ADDRESS	100 SOUTH FIFTH STREET #2400	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCONNELL, MARY P	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	TIERNEY, LENNY	
STREET ADDRESS	100 SOUTH FIFTH STREET #2400	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Roger R. Cloutier, II	
1.3 STREET ADDRESS	100 South Fifth Street, Suite 2500	
1.4 CITY-ST-ZIP	Minneapolis, MN 55402	
2.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John S. Rosendahl	
2.3 STREET ADDRESS	100 South Fifth Street, Suite 2400	
2.4 CITY-ST-ZIP	Minneapolis, MN 55402	
3.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William A. Munsell	
3.3 STREET ADDRESS	100 South Fifth Street, Suite 2400	
3.4 CITY-ST-ZIP	Minneapolis, MN 55402	
4.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary P. McConnell	
4.3 STREET ADDRESS	100 South Fifth Street, Suite 2400	
4.4 CITY-ST-ZIP	Minneapolis, MN 55402	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leslie E. Crawford	
5.3 STREET ADDRESS	1651 Whitfield Avenue	
5.4 CITY-ST-ZIP	Sarasota, FL 34243	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve A. Callahan	
6.3 STREET ADDRESS	1651 Whitfield Avenue	
6.4 CITY-ST-ZIP	Sarasota, FL 34243	

14. I do 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: *Mary P. McConnell* **4/28/97** **612/337-1813**

CR2E034 (9/96)