

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1993	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		Zip	
27		28		29	
Suite, Apt. #, etc.		City & State		Zip	
30		31		32	
Country		Country		Country	

4. FEI Number 36-3924056	Applied For <input type="checkbox"/> 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 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	DIRECTOR
NAME	CLOUTIER, ROGER R II	1.2 NAME	GRANT OPPEGAARD
STREET ADDRESS	100 SOUTH FIFTH STREET, STE. 2500	1.3 STREET ADDRESS	100 S. 5TH ST. SUITE 2500
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE	DVP	2.1 TITLE	PRESIDENT
NAME	ROSENDAHL, JOHN S	2.2 NAME	MICHAEL SCRUGGS
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400	2.3 STREET ADDRESS	1651 WHITFIELD AV.
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	SARASOTA FL
TITLE	DVP	3.1 TITLE	
NAME	MUNSELL, WILLIAM	3.2 NAME	
STREET ADDRESS	100 SOUTH FIFTH STREET #2400	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	
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	P	5.1 TITLE	
NAME	CRAWFORD, LESLIE E	5.2 NAME	
STREET ADDRESS	1651 WHITFIELD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	CALLAHAN, STEVE A	6.2 NAME	
STREET ADDRESS	1651 WHITFIELD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
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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 by an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)