

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90163 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000005760**

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	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3924056	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT 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	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLOUTIER, ROGER R II			1.2 NAME			
STREET ADDRESS	100 SOUTH FIFTH STREET, STE. 2500			1.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			1.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSENDAHL, JOHN S			2.2 NAME			
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2400			2.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OPPEGAARD, GRANT			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	<input type="checkbox"/> DELETE		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	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCRUGGS, MICHAEL			5.2 NAME			
STREET ADDRESS	1651 WHITFIELD AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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			

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4-28-99 DAYTIME PHONE #: (612) 339-7600

CR2E034 (11/98)