

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT #**

1. Corporation Name

*FC14000002402*  
*H. A. HOLDEN FNC*

Principal Place of Business

*H. A. HOLDEN FNC*  
*6173 N.W. 72ND AVE*  
*MIAMI, FL 33166*

Mailing Address

*H. A. HOLDEN FNC*  
*1208 HARMON PLACE*  
*Mpls, MN 55403*

3. Date Incorporated or Qualified

*JAN 1992*

3a. Date of Last Report

*1995*

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

*410315663*

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

**9. Name and Address of Current Registered Agent**

*C.I.T. CORP.*  
*(Same as B4)*

**10. Name and Address of New Registered Agent**

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

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 the Zip Code

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<i>PRES</i>	<input type="checkbox"/>
NAME	<i>DUANE KERIN</i>	
STREET ADDRESS	<i>1208 HARMON PLACE</i>	
CITY-ST-ZIP	<i>Mpls MN 55403</i>	
TITLE	<i>V-PRES</i>	<input type="checkbox"/>
NAME	<i>BAILEY SEIDA</i>	
STREET ADDRESS	<i>1208 HARMON PLACE</i>	
CITY-ST-ZIP	<i>Mpls MN 55403</i>	
TITLE	<i>V-PRES</i>	<input type="checkbox"/>
NAME	<i>TROY KERIN</i>	
STREET ADDRESS	<i>1208 HARMON PLACE</i>	
CITY-ST-ZIP	<i>Mpls MN 55403</i>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

**800001824168**  
**-05/16/96--01028--017**  
**\*\*\*225.00**

*S/S*  
*GR*  
*JR*

**SIGNATURE:**

*Martin Fajdetich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/6/96*

*6123335357*  
District Phone

CR2E034 (12/95)