

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000000965 (2)
1. Corporation Name
SPECIALTY EQUIPMENT CO MN INC



Principal Place of Business: 1415 MENDOTA HEIGHTS ROAD, MENDOTA HEIGHTS MN 55120
Mailing Address: 1415 MENDOTA HEIGHTS ROAD, MENDOTA HEIGHTS MN 55120

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)

3. Date Incorporated or Qualified: 02/28/1995
4. FEI Number: 41-0945766
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
**GIBSON, WALTER
640 BAY WAY #206
CLEARWATER BEACH FL 34630**

10. Name and Address of New Registered Agent (81-85)

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUSSELL, SHELDON	
STREET ADDRESS	1415 MENDOTA HEIGHTS ROAD	
CITY-ST-ZIP	MENDOTA HEIGHTS MN 55120	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUSSELL, BRYAN	
STREET ADDRESS	1415 MENDOTA HEIGHTS ROAD	
CITY-ST-ZIP	MENDOTA HEIGHTS MN 55120	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, JAYNE	
STREET ADDRESS	1415 MENDOTA HEIGHTS RD	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Johnson, Wayne	
3.3 STREET ADDRESS	1415 Mendota Heights Rd	
3.4 CITY-ST-ZIP	Mendota Heights, MN 55120	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Wayne A Johnson* 3/26/98 (10/97)