

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

FILED

**Feb 20 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 # F95000004347 (9)
1. Corporation Name
RETAIL ASSOCIATES, INC.



Principal Place of Business: 1111 THIRD AVENUE SOUTH, SUITE 436 MINNEAPOLIS MN 55404
Mailing Address: 1111 THIRD AVENUE SOUTH, SUITE 436 MINNEAPOLIS MN 55404-1008

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 09/05/1995
3a. Date of Last Report: 03/22/1996
4. FEI Number: 41-0942904
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: CPD NAME: OLMSCHIED, JOHN W STREET ADDRESS: 1111 THIRD AVENUE SOUTH, SUITE 436 CITY, ST, ZIP: MINNEAPOLIS MN 55404	<input type="checkbox"/> DELETE
TITLE: DST NAME: BONELLO, JULIUS F STREET ADDRESS: 1111 THIRD AVENUE SOUTH, SUITE 436 CITY, ST, ZIP: MINNEAPOLIS MN 55404	<input type="checkbox"/> DELETE
TITLE: DV NAME: BONNELLO, STEPHEN P STREET ADDRESS: 1111 THIRD AVENUE SOUTH, SUITE 436 CITY, ST, ZIP: MINNEAPOLIS MN 55404	<input type="checkbox"/> DELETE
TITLE: DV NAME: OLMSCHIED, JOHN C STREET ADDRESS: 1111 THIRD AVENUE SOUTH, SUITE 436 CITY, ST, ZIP: MINNEAPOLIS MN 55404	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 contained 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: *JULIUS F. BONELLO, Sr.*
Julius Bonello 2/17/97 612-347-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)