

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PH 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96006** (4)

1. Corporation Name
NORWEST FINANCIAL FLORIDA, INC.

600001515626
-06/16/95--01080--015
*****1000.00 ****200.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/18/1982** 3a. Date of Last Report **04/29/1994**

4. FEI Number **42-1185595** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

Principal Place of Business		Mailing Address	
% MANLEY C. HALL 206 EIGHTH ST DES MOINES, IO 50309		% MANLEY C. HALL 206 EIGHTH ST DES MOINES, IO 50309	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt #, etc	Suite, Apt #, etc	22	27
City & State	City & State	23	28
Zip	Country	24	30

9. Name and Address of Current Registered Agent

**DRUMHELLER, J.F.
250 INTERNATIONAL PARKWAY
SUITE 146
HEATHROW FL 32746**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **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 the agent's name (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, STEVE R.	1.2 NAME	
STREET ADDRESS	206 8TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORKELSON, ERIC	2.2 NAME	
STREET ADDRESS	206 8TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POETTING, GARY M	3.2 NAME	
STREET ADDRESS	206 8TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILAND DENISE A.	4.2 NAME	
STREET ADDRESS	206 8TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA 50309	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, FAYE L.	5.2 NAME	
STREET ADDRESS	206 8TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCK, DENISE J.A.	6.2 NAME	
STREET ADDRESS	206 8TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA	6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

TIS, 6/15/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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: Denise A. Wieland Denise A. Wieland, Vice President 4/19/95 (515)237-7225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)