


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

FILED

**May 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96006 (4)
1. Corporation Name
NORWEST FINANCIAL FLORIDA, INC.



Principal Place of Business % MANLEY C. HALL 206 EIGHTH ST DES MOINES, IO 50309	Mailing Address % MANLEY C. HALL 206 EIGHTH ST DES MOINES, IO 50309-3805	3. Date Incorporated or Qualified 09/18/1982	3a. Date of Last Report 05/01/1996
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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 42-1185595	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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 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** President **4/21/97** (515) 237-7225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2F034 (9/96)