

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90052 040 ***150.00

05-46897

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000003369

1. Corporation Name
THEMESCAPES, INC.



Principal Place of Business 864 TERRACE COURT ST. PAUL MN 55101	Mailing Address 864 TERRACE COURT ST. PAUL MN 55101
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-1874394	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVSIK, PETER A	1.2 NAME	
STREET ADDRESS	864 TERRACE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN 55101	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JERRY S	2.2 NAME	
STREET ADDRESS	1798 HARTFORD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55116	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASVIK, MARGARET E	3.2 NAME	
STREET ADDRESS	5526 FENWAY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE BEAR TOWNSHIP MN 55110	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, LEONARD W	4.2 NAME	
STREET ADDRESS	864 TERRACE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55101	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, TONY D	5.2 NAME	
STREET ADDRESS	864 TERRACE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55101	5.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JERRY S	6.2 NAME	
STREET ADDRESS	864 TERRACE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55101	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, with all other like empowered.

SIGNATURE: Margaret E. Nasvik 4-7-99 651-778-1784
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)