

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # K58198 (8)

95 APR -4 PM 7: 11

1. Corporation Name
DRISCOLL PROPERTIES, INC.

Principal Place of Business: **2100 FIRST NATIONAL BANK BLDG ST PAUL MN 55101**
Mailing Address: **2100 FIRST NATIONAL BANK BLDG ST PAUL MN 55101**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/13/1989**
3a. Date of Last Report: **02/22/1994**

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

4. FEI Number 41-1630464	Applied For Net 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARDER, MICHAEL E.
6700 N. ANDREWS AVE.
SUITE 400
FT. LAUDERDALE FL 33037**

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

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DRISCOLL, W JOHN
STREET ADDRESS	2100 FIRST NATL BK BLDG
CITY - ST - ZIP	ST PAUL MN
TITLE	VD
NAME	DRISCOLL, WILLIAM L
STREET ADDRESS	2100 FIRST NATL BK BLDG
CITY - ST - ZIP	ST PAUL MN
TITLE	D
NAME	DRISCOLL, RUDOLPH W
STREET ADDRESS	2100 FIRST NATL BK BLDG
CITY - ST - ZIP	ST PAUL MN
TITLE	S
NAME	GIEFER, MICHAEL J
STREET ADDRESS	2100 FIRST NATL BK BLDG
CITY - ST - ZIP	ST PAUL MN
TITLE	T
NAME	MICALLEF, JOSEPH S.
STREET ADDRESS	2100 FIRST NATL BK BLDG
CITY - ST - ZIP	ST PAUL MN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Michael J. Giefer* **MICHAEL J. GIEFER** *2/20/94* **612 228 0935**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Month/Day/Year)