

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P01901 (8)

1. Corporation Name
XVIII B MEDI MART, INC.



Principal Place of Business: 8121 10TH AVE. N. GOLDEN VALLEY MN 55427
Mailing Address: 8121 10TH AVE. N. GOLDEN VALLEY MN 55427

3. Date Incorporated or Qualified: 05/07/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 41-1240386
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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)

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRADY, CARL R.	
STREET ADDRESS	8121 10TH AVENUE NORTH	
CITY-ST-ZIP	GOLDEN VALLEY MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREUER, HELMUT	
STREET ADDRESS	MONBJOUSTRASSE 118, CH3001	
CITY-ST-ZIP	BERNE SW	
TITLE	OB	<input type="checkbox"/> DELETE
NAME	PULIDO, MARK A.	
STREET ADDRESS	8121 10TH AVE N	
CITY-ST-ZIP	GOLDEN VALLEY MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOSSER, ROLAND	
STREET ADDRESS	808 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PYOTT, DAVID E I	
STREET ADDRESS	5320 W 20 STR	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V PAWLAK, TIMOTHY W.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	(ZIP) 55427
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DCP CARR, ROBERT G.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	(ZIP) 55427
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMPSON, ROBERT L., JR.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	(ZIP) 10010
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	LICHSTRASSE 35, CH 4002
5.4 CITY-ST-ZIP	BASEL, SWITZERLAND
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VS LANCE, JEAN F.
6.3 STREET ADDRESS	8121 10TH AVENUE NORTH
6.4 CITY-ST-ZIP	GOLDEN VALLEY, MN 55427

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 19.07(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: *James E. Thompson* Assistant Secretary 4/30/96 (612) 525-6000
DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)