

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P12811 (6)

1. Corporation Name
FREMONT INDUSTRIES, INC.



Principal Place of Business 4400 VALLEY INDUSTRIAL BLVD. N. SHAKOPEE MN 55379	Mailing Address 4400 VALLEY INDUSTRIAL BLVD. N. SHAKOPEE MN 55379
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1986	
21. Suite, Apt. #, etc	22. City & State	26. Suite, Apt. #, etc	27. City & State	4. FEI Number 41-1548943	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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.					

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. City
 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 re-stating) _____ DATE _____

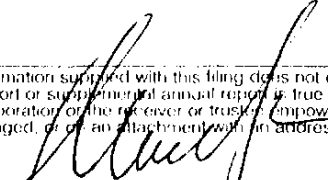
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRUSS, MARK	
STREET ADDRESS	4400 VALLEY IND BLVD N	
CITY-ST-ZIP	SHAKOPEE MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRUSS, BRAD	
STREET ADDRESS	8300 SMITHTOWN BAY RD.	
CITY-ST-ZIP	EXCELSIOR MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHANG, EDWARD	
STREET ADDRESS	2713 W. HIGHLAND DR.	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRUSS, FREMONT II	
STREET ADDRESS	5890 CHRISTMAS LAKE RD.	
CITY-ST-ZIP	SHOREWOOD MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gruss, Brad	
2.3 STREET ADDRESS	4400 Valley Ind. Blvd. N.	
2.4 CITY-ST-ZIP	Shakopee, MN 55379	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Chang, Edward	
3.3 STREET ADDRESS	4400 Valley Ind. Blvd. N.	
3.4 CITY-ST-ZIP	Shakopee, MN 55379	
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gruss, Fremont II	
4.3 STREET ADDRESS	4400 Valley Ind. Blvd. N.	
4.4 CITY-ST-ZIP	Shakopee, MN 55379	
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 hereby certify that the information submitted 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 supplement to 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:  **Mark Gruss, President** **3/27/98** **612-445-4121**

CR2E034 (10/97)