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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P12811

1. Corporation Name
FREMONT INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/24/1986

4. FEI Number: 41-1548943

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 owes the current year Intangible Personal Property Tax: 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSS, MARK	1.2 NAME	
STREET ADDRESS	4400 VALLEY IND BLVD N	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHAKOPEE MN	1.4 CITY-ST-ZIP	Shakopee, MN 55379
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSS, BRAD	2.2 NAME	
STREET ADDRESS	4400 VALLEY IND BLVD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHAKOPEE MN 55379	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, EDWARD	3.2 NAME	
STREET ADDRESS	4400 VALLEY IND BLVD N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHAKOPEE MN 55379	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSS, FREMONT II	4.2 NAME	
STREET ADDRESS	4400 VALLEY IND. BLVD N	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHAKOPEE MN 55379	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Spekman, Paul, Jr.
STREET ADDRESS		5.3 STREET ADDRESS	4400 Valley Ind. Blvd. N.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Shakopee, MN 55379
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Smith, Greg
STREET ADDRESS		6.3 STREET ADDRESS	4400 Valley Ind. Blvd. N.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Shakopee, MN 55379

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 140.01(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: _____ DATE: _____ DAYTIME PHONE # 612-445-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)