**FILED** 

Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90003 008 \*\*\*550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/15/1988

Mailing Address

**SUITE 2300** 

ONE FINANCIAL PLAZA

MINNEAPOLIS MN 55402

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P19656

1. Corporation Name

Principal Place of Business ONE FINANCIAL PLAZA

MINNEAPOLIS MN 55402

**SUITE 2300** 

H ENTERPRISES INTERNATIONAL, INC.

		T			4. FEI Number	And	lied For
2. Principal Pl	ace of Business	2a. Mailing Address					
21		26			06-1238552		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	of Status Desired	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current year	r Intangible	
<del></del>					Personal Property Tax.		□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
o. Haite and Addieso of Outlott Hagister & Sant				Name			•
CT CORPORATION SYSTEMS			L	_	-		
1200 SOUTH PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83				
FEMILIATION   E 00024			03				
			84	City		85 Zip C	ode
			l l				
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named cor	rporation submits this statement for the purpos	e of changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such change was aut ons of Section 607.0505. Florid	inorized by da Statutes	tne corporat i.	tion's board of directors. I hereby accept the a	pontinent as reg	potorou
	III lamillar with, and accept the obligation	5/10 61, 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	nt signature requir	red when reinstating) DATI	<u> </u>	~ <del>~~~</del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BYRNE, JOHN E		1.2 NAME	}			
į				TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-S	1-ZIP		Change	Addition
TITLE	VAT	□ pereie	2.1 TITLE			Contained	
NAME	GORMAN, MICHAEL		2.2 NAME	ĺ			
STREET ADDRESS	ADDRESS ONE FINANCIAL PLAZA, SUITE 2300			TADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY -	ST-ZIP			
TITLE	C	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	O'LEARY, RICHARD E.		3.2 NAME				
STREET ADDRESS	5100 N. TAMIAMI TR. STE. 135		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103		3.4. CITY-5	ST-ZIP			
TITLE	SAT	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	O'LEARY, NORA		4. 2 NAME	}			
STREET ADDRESS	120 S 6TH ST.		4.3 STRFF	T ADDRESS			
	MINNEAPOLIS MN		4.4 CITY-S				
CITY-ST-ZIP TITLE	VPT	DELETE	5.1 TITLE	-		☐ Change	Addition
	LEWIS, SUSAN P	<u> </u>	5.2 NAME				
NAME	LEVVIO, SUSAN P ONE FINANACIAL PLAZA, SUITE	= 2200		TADDRESS			
STREET ADDRESS	•	2 2300	5.4 CITY-S				
CITY-ST-ZIP	MINNEAPOLIS MN 55402	DELETE	6.1 TITLE	-		Change	Addition
TITLE						m ourne	
NAME			6.2 NAME				
STREET ADDRESS	, ,			T ADDRESS			
CITY-ST-ZIP			6.4 CITY- S				E
14. I hereby o	certify that the information supplied with	n this filing does not qualify for t	the exempt	ion stated in	Section 119.07(3)(i), Florida Statutes. I furthe ire shall have the same legal effect as if made	r certify that the ir under oath: that I	ntormation am an
officer or	director of the corporation or the receiv	<i>e</i> r or trustee empowered to ex	ecute this r	report as redi	juired by Chapter 607, Florida Statutes; and th	at my name appe	ars in
Block 12	or Block 13 if changed, or on attach	ment with an address, with all	other like e	mpowered.	,		

SIGNATURE: