

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22136** (6)
1. Corporation Name
RETAIL CONSTRUCTION SERVICES, INC.



Principal Place of Business: **7582 CURRELL BLVD. SUITE 114 ST. PAUL MN 55125**
Mailing Address: **7582 CURRELL BLVD. SUITE 114 ST. PAUL MN 55125**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **12/15/1988**
3a. Date of Last Report: **04/10/1995**
4. FID Number: **41-1330800**
5. Certificate of Status Desired:
6. Election Campaign Financing:
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0602 and 607.0603, 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, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0602, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, STEPHEN M.	2. NAME	
STREET ADDRESS	7582 CURRELL BLVD STE 114	3. STREET ADDRESS	
CITY-STATE-ZIP	ST PAUL MN	4. CITY-STATE-ZIP	
TITLE	VSD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, GEORGE I.	6. NAME	
STREET ADDRESS	7582 CURRELL BLVD, STE 114	7. STREET ADDRESS	
CITY-STATE-ZIP	ST. PAUL MN	8. CITY-STATE-ZIP	
TITLE	VT	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNTZ, GERALD F.	10. NAME	
STREET ADDRESS	7582 CURRELL BLVD., STE 114	11. STREET ADDRESS	
CITY-STATE-ZIP	ST. PAUL MN	12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report is true and correct. I also do not qualify for the exemption stated in Section 119.07(3)(b), 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 a shareholder or holder of any power to exercise the right to inspect and receive the records of the corporation as provided 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: *Gerald F. Kuntz* 3-26-94 612-738-7974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)