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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P24035 (8)
1. Corporation Name
MILES HOMES SERVICES, INC.

Principal Place of Business Mailing Address
**4700 NATHAN LANE
ATTN: LEGAL DEPT.
PLYMOUTH MN 55442** **4700 NATHAN LANE
ATTN: LEGAL DEPT.
PLYMOUTH MN 55442**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/24/1989** 3a. Date of Last Report: **04/14/1994**
4. FEI Number: **41-1615642** Applied For: Not Applicable
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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEMS, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	NYBERG, RONALD L.
STREET ADDRESS	3059-16TH ST. NW
CITY - ST - ZIP	NEW BRIGHTON MN
TITLE	S
NAME	HARTMAN, MORRIS J.
STREET ADDRESS	4848 FOURTH AVENUE S.
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	VC
NAME	EINLOTH, JAMES G.
STREET ADDRESS	399 REDSTONE DR.
CITY - ST - ZIP	CHESHIRE CT
TITLE	COB
NAME	DEGEORGE, PETER R.
STREET ADDRESS	91 VISTA TERRACE
CITY - ST - ZIP	CHESHIRE CT
TITLE	VC
NAME	GETZLER, HERBERT L.
STREET ADDRESS	20 REALTY DRIVE
CITY - ST - ZIP	CHESHIRE CT
TITLE	VP
NAME	FENSKA, JAMES E.
STREET ADDRESS	4700 NATHAN LANE
CITY - ST - ZIP	PLYMOUTH MN

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Sr. VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert E. Reiner
3.3 STREET ADDRESS	6311 Everest Lane North
3.4 CITY - ST - ZIP	Maple Grove, MN 55311
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	Sr. VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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: Morris J. Hartman Morris J. Hartman, Secretary 2/7/95 (612) 553-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #