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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P24286

AMERICAN BUSINESS PROMOTIONS, A DIVISION OF AMERICAN BUSINESS FORMS, INCORPORATED

FILED Mar 31 1998 8:00am Secretary of State



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|--|-----------------------|---------------------------|--|--------------|----------------------|-----------------------------|----------------------|---|---------------------------------------|-------------------------------|---------------------|-------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | **** | | . (848 845 852) AIR) | U1011 PI | AT MERON | 91811 1E91 | |
| 31 EAST MINNESOTA AVENUE 31 EAST MINNESOTA AVE GLENWOOD MN 56334 GLENWOOD MN 56334 | | | | | | | | DO NOT | WRITE IN THIS | SPACE | | | |
| | | | | | | | | 3. Date Incorporated or Qu. 05/11/1989 | alified | | | | |
| 2. Principal P | lace of Business | 2a, Mailing Address 26 | | | | 4. FEI Number 41-1393684 | | | | Applied For Not Applicable | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desi | red 🔲 | | | dditional juired | |
| City & State | 0 | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | |
| Zip | | | | | | | | 8. This corporation owes or has paid the current year Intangible | | | | | |
| 24 25 | | | 29 | | | | | Personal Property Tax due June 30. Yes No | | | | | |
| | | | City & State 28 Country 30 Country 30 Country 30 Country 30 Country 40 Country 40 | | | | | | | | | | |
| | CORPORATION | | | | Į, | 31 | Name | | | | | | |
| 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | | | 32 | Street Addre | Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | 33 | | | | | | | |
| | | | | | | | | | | | | | |
| office or n | egistered agent, o | r both, in the Sta | te of Florida, Suc | h change was | authorized | bν | the corporation | ration submits this statement finds board of directors. I hereb | or the purpose of y accept the app | f chang ointme | jing its nt as r | registered egistered | |
| SIGNATURE | | | | | | | | | | | | | |
| Signature, typed or proted caree of registered agent and title if applicable (NOTL F 12. OFFICERS AND DIRECTORS | | | | | | Agen | n signature required | | · | DIRE | CTORS | IN 12 | |
| TITLE | PTD | OTTO THE A | HI DIVIL OTORIS | DELETE | | £ | | ADDITIONS/OFFANGES TO | OIT IOLIIO AIT | _ | | | |
| NAME | ZAVADIL, LAF | rry a. | | | 1.2 NAN | ŧE. | | | | | - | | |
| STREET ADDRESS | 228 1ST AVE | . SE | | | 1.3 STR | EET A | ADDRESS | | | | | | |
| CITY-ST-2IP | GLENWOOD | MN | | | 1.4 C(T) | '- ST | - ZIP | | | | | | |
| TITLE | D | | | DELETE | 2 1 TITL | ŧ | | | | Ch | ange | Addition | |
| NAME | BRIGGS, CUF | | | | 2.2 NAN | 1E | | | | | | | |
| STREET ADDRESS | 500 SHOREW | | | | 2.3 STA | EET A | address | | | | | | |
| CITY-ST-ZIP | DETROIT LAK | LES FL | | | 2. 4 CIT | | T - ZiP | | | | | | |
| TITLE | D ODEAN AND | 0N IOF | | ☐ DELETE | 3.1 T(T) | E | | | | ∐ Ch | ange | | |
| NAME | OBENLAND, I R.R. 2 | DNUVE | | | 3.2 NAN | | | | | | | | |
| STREET ADDRESS | GLENWOOD | A#AI | | | | | address | | | | | | |
| CITY-ST-ZIP | U ULEINIOUD | MIT | | DELETE | 3.4. CIT | | I - ZIP | | | ☐ Ch | | Addition | |
| TITLE | STAI, MICHAI | FI | | LL DECETE | 4.1 TITL | | l | | | | ange | L. Modition | |
| NAME | 1055 W. HW | | | | 4. 2 NAI | | | | | | | | |
| STREET ADDRESS | GLENWOOD | | | | | | ADORESS | | | | | | |
| CITY-ST-ZIP TITLE | V | | | ☐ DELETE | 4.4 CITY 5 1 TITL | | - 2117 | | | ☐ Ch | anne | Addition | |
| NAME : | DEPREE, DOI | NALD | | | 52 NAN | | | | | , VIII | y o | | |
| STREET ADDRESS | | E. CIRCLE SO. | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | MOORHEAD | | | | 5.4 CITY | | - 1 | | | | | | |
| TITLE | | | | DELETE | 6.1 TITL | | - L-1 | | | Chi | ange | Addition | |
| NAME | | | | | 6.2 NAA | | | | | | ٠ | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 6.4 CITY | | | | | | | | |
| | | | | | | | | | | | | | |

I hereby certify that the information supplied 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 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: