

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39802** (4)

1. Corporation Name:

**ABI ADMINISTRATIVE SERVICES CORPORATION**



Principal Place of Business:

10159 WAYZATA BLVD.  
MINNETONKA MN 55305-1503

Mailing Address:

10159 WAYZATA BLVD.  
MINNETONKA MN 55305-1503

3. Date Incorporated or Qualified <b>07/22/1992</b>	3a. Date of Last Report <b>02/16/1995</b>
4. FEI Number <b>41-1249287</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**KELLIN, THOMAS W.  
13990 W HILLSBOROUGH AVENUE  
TAMPA FL 33635**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 of the person who is the registered agent for the corporation

Signature of the registered agent for the state

DATE

**12. OFFICERS AND DIRECTORS**

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	<b>KOLTES, CLIFFORD M.</b>	
3. STREET ADDRESS	<b>10159 WAYZATA BLVD.</b>	
4. CITY, ST, ZIP	<b>MINNETONKA MN 55305-1503</b>	
5. TITLE	VSD	<input type="checkbox"/> DELETE
6. NAME	<b>MCMAHILL, JAMES V.</b>	
7. STREET ADDRESS	<b>10159 WAYZATA BLVD.</b>	
8. CITY, ST, ZIP	<b>MINNETONKA MN</b>	
9. TITLE	VTD	<input type="checkbox"/> DELETE
10. NAME	<b>WALETZKO, DONALD A.</b>	
11. STREET ADDRESS	<b>10159 WAYZATA BLVD.</b>	
12. CITY, ST, ZIP	<b>MINNETONKA MN</b>	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 119.07(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:** *Clifford M. Koltes* Clifford M. Koltes 1/22/96 612-541-0444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Month, Day, Year)

CR2E034 (12/95)