

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S13593 (6)
 1. Corporation Name
NORWEST FINANCIAL SYSTEM FLORIDA, INC.



Principal Place of Business 206 EIGHTH ST SUITE 115 DES MOINES, IO 50309	Mailing Address 206 EIGHTH ST SUITE 115 DES MOINES, IO 50309-3805
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3. Date Incorporated or Qualified 11/15/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 42-1361559	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

DRUMHELLER, J.F.
250 INTERNATIONAL PARKWAY
SUITE 146
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WAGNER, STEVE R.	
STREET ADDRESS	206 EIGHTH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLCK, DENISE J	
STREET ADDRESS	206 EIGHTH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	POETTING, GARY M.	
STREET ADDRESS	206 EIGHTH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORKELSON, ERIC	
STREET ADDRESS	206 EIGHTH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEILAND DENISE A.	
STREET ADDRESS	206 EIGHTH ST	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KUNZ, FAYE L.	
STREET ADDRESS	206 EIGHTH ST	
CITY-ST-ZIP	DES MOINES IA	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input 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 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: *Denise A. Wieland* **Denise A. Wieland** President **4/21/97** (515) 237-7225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)