

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
11/15/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

42-1361559

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **WAGNER, STEVE R.**
CITY-ST-ZIP **206 EIGHTH STREET
DES MOINES IA**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **HOLCK, DENISE J**
CITY-ST-ZIP **206 EIGHTH STREET
DES MOINES IA**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **POETTING, GARY M.**
CITY-ST-ZIP **206 EIGHTH STREET
DES MOINES IA**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **TORKELSON, ERIC**
CITY-ST-ZIP **206 EIGHTH STREET
DES MOINES IA**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **WEILAND DENISE A.**
CITY-ST-ZIP **206 EIGHTH ST
DES MOINES IA 50309**

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **KUNZ, FAYE L.**
CITY-ST-ZIP **206 EIGHTH ST
DES MOINES IA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Denise A. Wieland* **Denise A. Wieland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President**

4/23/96
Date

(515)237-7225
Daytime Phone #

CR2E034 (12/95)