

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P06495** (6)

1. Corporation Name

GENMAR INDUSTRIES, INC.



Principal Place of Business

Mailing Address

100 SOUTH FIFTH STREET
SUITE 2400
MINNEAPOLIS MN 55402

100 SOUTH FIFTH STREET
SUITE 2400
MINNEAPOLIS MN 55402

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

06/20/1985

3a. Date of Last Report

04/20/1995

4. FEI Number

22-2612772

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.1506, 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, the duly accepted 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, if not applicable

DATE (Typed or printed name of registered agent, if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JACOBS, IRWIN L.	
STREET ADDRESS	100 SO 5 STR STE 2400	
CITY - ST - ZIP	MINNEAPOLIS MN 55402	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	SEVERINSON, KENNETH	
STREET ADDRESS	100 SOUTH FIFTH STREET	
CITY - ST - ZIP	MINNEAPOLIS MN 55402	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSENDAHL	
STREET ADDRESS	100 SOUTH FIFTH STREET SUITE 2400	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MKKUEA, KATHLEEN	
STREET ADDRESS	100 SOUTH FIFTH ATREET SUITE 2400	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUNSELL, WILLIAM A	
STREET ADDRESS	100 SOUTH FIFTH STREET	
CITY - ST - ZIP	MINNEAPOLIS MN 55402	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FARRELL, JAMES B.	
STREET ADDRESS	100 SO 5 STR STE 2400	
CITY - ST - ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mary P. McConnell
23 STREET ADDRESS	Vice President & Secretary
24 CITY - ST - ZIP	100 So. 5th St., #2400
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Minneapolis, MN 55402
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Assistant Secretary
43 STREET ADDRESS	Lenny Tierney
44 CITY - ST - ZIP	100 South Fifth St., #2400
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Minneapolis, MN 55402
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

4-30-96 (612) 337-1898

CR2E034 (12/95)