

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000003009
1. Corporation Name

CHILDREN'S HEARTLINK

Principal Place of Business: 5075 Arcadia Ave. Minneapolis, MN 55436
Mailing Address: 5075 Arcadia Ave. Minneapolis, MN 55436

3. Date Incorporated or Qualified: 6/30/1993
3a. Date of Last Report: 3/22/1995

21	2. Principal Place of Business (same)	26	2a. Mailing Address (same)	4.	FEI Number: 41-1307457	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

Carol Kearns
365 Northwest 95th Ave.
Fort Lauderdale, 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andreas, David L.	1.2 NAME	Andreas, David L.
STREET ADDRESS	75 South 5th St., Tenth Floor	1.3 STREET ADDRESS	National City Bank/ 1 Nicollet Mall
CITY-ST-ZIP	Minneapolis, MN 55402	1.4 CITY-ST-ZIP	Minneapolis, MN 55402
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Busch, Kevin M.	2.2 NAME	
STREET ADDRESS	4800 Norwest Center	2.3 STREET ADDRESS	
CITY-ST-ZIP	Minneapolis, MN 55402	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chapman, Lee	3.2 NAME	Keller, Thomas
STREET ADDRESS	7373 France Ave. So., Suite 412	3.3 STREET ADDRESS	4800 Norwest Center
CITY-ST-ZIP	Edina, MN	3.4 CITY-ST-ZIP	Minneapolis, MN 55402
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Basil King	4.2 NAME	
STREET ADDRESS	5075 Arcadia Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Minneapolis, MN 55436	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600001856026
STREET ADDRESS		6.3 STREET ADDRESS	-06/07/96--01073--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 617, 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

Susan Basil King

Date

612-928-4860

Daytime Phone #

CR2E037 (12/95)

5/1/92