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**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

DOCUMENT # F96007 (2)
1. Corporation Name
NORWEST FINANCIAL CREDIT SERVICES, INC.



Principal Place of Business Mailing Address
**% MANLEY C. HALL
206 EIGHTH ST
DES MOINES FL 50309** **% MANLEY C. HALL
206 EIGHTH ST
DES MOINES FL 50309-3805**

3. Date Incorporated or Qualified 08/18/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 42-1185596	Applied For 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 Country	28 Zip Country
24 25	29 30

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAGNER, STEVE R.	
STREET ADDRESS	206 8TH STREET	
CITY - ST - ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORKELSON, ERIC	
STREET ADDRESS	206 8TH STREET	
CITY - ST - ZIP	DES MOINES IA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POETTING, GARY M.	
STREET ADDRESS	206 8TH ST	
CITY - ST - ZIP	DES MOINES IA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEILAND DENISE A.	
STREET ADDRESS	206 8TH STREET	
CITY - ST - ZIP	DES MOINES IA 50309	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KUNZ, FAYE L.	
STREET ADDRESS	206 8TH STREET	
CITY - ST - ZIP	DES MOINES IA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLCK, DENISE J.A.	
STREET ADDRESS	206 8TH STREET	
CITY - ST - ZIP	DES MOINES IA	

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	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
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 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* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Denise A. Wieland** **President** **4/21/97** **(515) 237-7225**

CFR2E034 (9/96)