


#5105

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # S13593 (6)</b> 1. Corporation Name <b>NORWEST FINANCIAL SYSTEM FLORIDA, INC.</b>	



Principal Place of Business <b>206 EIGHTH ST SUITE 115 DES MOINES, IO 50309</b>		Mailing Address <b>206 EIGHTH ST SUITE 115 DES MOINES, IO 50309</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<b>11/15/1990</b>	<b>42-1361559</b>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 Country	29 Country		

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent <b>DRUMHELLER, J.F. 250 INTERNATIONAL PARKWAY SUITE 148 HEATHROW FL 32748</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNER, STEVE R.</b>	1.2 NAME	
STREET ADDRESS	<b>206 EIGHTH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLCK, DENISE J</b>	2.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>206 EIGHTH STREET</b>	2.3 STREET ADDRESS	<b>Matera, Michael J.</b>
CITY-ST-ZIP	<b>DES MOINES IA</b>	2.4 CITY-ST-ZIP	<b>206 Eighth Street</b>
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POETTING, GARY M.</b>	3.2 NAME	
STREET ADDRESS	<b>206 EIGHTH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORKELSON, ERIC</b>	4.2 NAME	
STREET ADDRESS	<b>206 EIGHTH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEILAND DENISE A.</b>	5.2 NAME	
STREET ADDRESS	<b>206 EIGHTH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA 50309</b>	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUNZ, FAYE L.</b>	6.2 NAME	
STREET ADDRESS	<b>206 EIGHTH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	6.4 CITY-ST-ZIP	

14. I 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.

Denise A. Wieland

CR2E034 (10/97)