

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 006 *1,200.00

DOCUMENT # S13593

1. Corporation Name

NORWEST FINANCIAL SYSTEM FLORIDA, INC.

#5/01



DO NOT WRITE IN THIS SPACE

Principal Place of Business

206 EIGHTH ST
SUITE 115
DES MOINES, IO 50309

Mailing Address

206 EIGHTH ST
SUITE 115
DES MOINES, IO 50309

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/15/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WAGNER, STEVE R.
STREET ADDRESS 206 EIGHTH STREET
CITY-ST-ZIP DES MOINES IA

TITLE T ☐ DELETE

NAME MATERA, MICHAEL J
STREET ADDRESS 206 EIGHTH STREET
CITY-ST-ZIP DES MOINES IA 50309

TITLE DV ☐ DELETE

NAME POETTING, GARY M.
STREET ADDRESS 206 EIGHTH STREET
CITY-ST-ZIP DES MOINES IA

TITLE V ☐ DELETE

NAME TORKELSON, ERIC
STREET ADDRESS 206 EIGHTH STREET
CITY-ST-ZIP DES MOINES IA

TITLE V ☐ DELETE

NAME WEILAND DENISE A.
STREET ADDRESS 206 EIGHTH ST
CITY-ST-ZIP DES MOINES IA 50309

TITLE DS ☐ DELETE

NAME KUNZ, FAYE L.
STREET ADDRESS 206 EIGHTH ST
CITY-ST-ZIP 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

Vice President
Vos, Ronald D.
206 Eighth Street
Des Moines, IA 50309

I 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 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, with all other like empowered.

SIGNATURE: Denise A. Wieland
Signature and Typed or Printed Name of Signing Officer or Director

Vice President

April 19, 1999

(515) 557-7502

CR2E034 (11/98)