

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **229128** (4)

1. Corporation Name
FRANCES A. GENTER STABLE, INC.



Principal Place of Business: **2838 FIRST AVE S
MINNEAPOLIS MN 55408
US**

Mailing Address: **6212 KNOLL DR. S
EDINA MN 55436
US**

3. Date Incorporated or Qualified: **10/15/1959**
3a. Date of Last Report: **07/13/1995**

2. Principal Place of Business
21. **5702 WEST 36TH STREET**
Suite, Apt. #, etc.
22. City & State: **MINNEAPOLIS, MN**
23. Zip: **55416** Country: **U.S.**

4. FEI Number: **41-0881090**
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
85. Zip Code: **FL**

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 reappointing)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD SMITH, B L	<input type="checkbox"/>
NAME	6212 S. KNOLL DR. EDINA MN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD WILLIAMS, F.G.	<input type="checkbox"/>
NAME	7755 SHAUGHNESSY RD. EDINA MN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D SMITH, B. L., JR.	<input checked="" type="checkbox"/>
NAME	7308 W. SHORE DR. EDINA MN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D WILLIAMS, L. D., JR.	<input type="checkbox"/>
NAME	355 GILBERT AVE. EAU CLAIRE WI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE	ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. NAME	7755 SHAUGHNESSY RD.		
23. STREET ADDRESS			
24. CITY-ST-ZIP			
31. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
41. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52. NAME	Mary Louise Greig		
53. STREET ADDRESS	4220 Oakdale Avenue		
54. CITY-ST-ZIP	Edina MN 55416		
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(x), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/94 412/99-0661
Date of Filing #

CR2E034 (3/96)