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Secretary of State

04-22-1999 90185 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 229128

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 5702 WEST 36TH ST.
 MINNEAPOLIS MN 55416
 US

Mailing Address
 5902 W 36TH ST
 MINNEAPOLIS MN 55416
 US

3. Date Incorporated or Qualified
10/15/1959

2. Principal Place of Business
 21

2a. Mailing Address
 26 **5702 W. 36TH STREET**

4. FEI Number
41-0881090

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23

City & State
 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SMITH, B L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6212 S. KNOLL DR.	1.2 NAME	
STREET ADDRESS	EDINA MN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST WILLIAMS, F.G.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7755 SHAGNESSY RD.	2.2 NAME	
STREET ADDRESS	EDINA MN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SMITH, B. L., JR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7308 W. SHORE DR.	3.2 NAME	
STREET ADDRESS	EDINA MN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, L. D., JR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	355 GILBERT AVE.	4.2 NAME	
STREET ADDRESS	EAU CLAIRE WI	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GREIG, MARY L	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4220 OAKDALE AVENUE	5.2 NAME	
STREET ADDRESS	EDINA MN 55416	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5.5 NAME	D GREIG, MARY L
5.6 STREET ADDRESS	4631 CASCO AVENUE
5.7 CITY-ST-ZIP	EDINA, MN 55424

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, with all other like empowered.

SIGNATURE: **X** *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **19 April 99** **612 729066**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)