

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 265925 (8)
1. Corporation Name
ST ANTHONY MINNEAPOLIS INC



Principal Place of Business C/O HOWE & ADDINGTON LLP 450 LEXINGTON AVE #3800 NEW YORK NY 10017 US	Mailing Address C/O HOWE & ADDINGTON LLP 450 LEXINGTON #3800 NEW YORK NY 10017-3911 US
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3. Date Incorporated or Qualified 01/07/1963	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1003626	Applied For Not Applicable
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5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <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	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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
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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	
TITLE	DP SANN, JOHN <input type="checkbox"/> DELETE
NAME	25 FARRAGUT CIRCLE
STREET ADDRESS	NEW ROCHELLE N
CITY-ST-ZIP	
TITLE	DVS HOWE, EDWIN A., JR. <input type="checkbox"/> DELETE
NAME	450 LEXINGTON STE 3800
STREET ADDRESS	NEW YORK NY 00000
CITY-ST-ZIP	
TITLE	AVPS JOSEPH DISANTO <input type="checkbox"/> DELETE
NAME	450 LEXINGTON AVENUE, SUITE 3800
STREET ADDRESS	NEW YORK N
CITY-ST-ZIP	
TITLE	TAS CIRNIGLIARO, JAMES N. <input type="checkbox"/> DELETE
NAME	450 LEXINGTON AVE #3800
STREET ADDRESS	NEW YORK NY 00000
CITY-ST-ZIP	
TITLE	DVPS CALLAHAN, STEVEN B <input type="checkbox"/> DELETE
NAME	450 LEXINGTON AVE STE 3800
STREET ADDRESS	NEW YORK NY
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:  James N. Cirnigliaro 4/23/97 (212) 490-1700

CR2E034 (9/96)