

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **663117** (0)
1. Corporation Name
CAC PROPERTIES, INC.



Principal Place of Business: **75 VALENCIA AVE. CORAL GABLES FL 33134**
Mailing Address: **75 VALENCIA AVE. CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **12/18/1979** 3a. Date of Last Report: **05/01/1995**
4. FLI Number: **59-2171285** 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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
9. Name and Address of Current Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

9. Name and Address of Current Registered Agent:
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMELA, LUIS E	
STREET ADDRESS	75 VALENCIA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, WILFREDO V	
STREET ADDRESS	75 VALENCIA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPICOLA, BRIDID M	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-STATE-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGUIRE, WILLIAM W M.D.	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-STATE-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPPE, DAVID P	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-STATE-ZIP	MINNETONKA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROCHE, KEVIN H	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-STATE-ZIP	MINNETONKA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President and Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	William W. McGuire, M.D.	
13 STREET ADDRESS	9900 Bren Road East	
14 CITY-STATE-ZIP	Minnetonka, Minnesota 55343	
21 TITLE	Exec. V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Travers H. Wills	
23 STREET ADDRESS	9900 Bren Road East	
24 CITY-STATE-ZIP	Minnetonka, Minnesota 55343	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	Director and V.P. Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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4/8/96 JR

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(9)(k), 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 manager or trustee, or am 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: _____ DATE: 3/25/96 (612) 936-1709
SIGNATURE AND/or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Brigid M. Spicola, Secretary**

CR2E034 (12/95)