

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33134-6141
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/18/1979	3a. Date of Last Report 04/08/1996
21 Suite, Apt. #, etc.	26 9900 Bren Rd E	4. FEI Number 59-2171285	Applied For Not Applicable
22 City & State	27 300 Opus Center	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Minnetonka MN	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip Country	29 55343	30 USA	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		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, WILLIAM W W	1.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	1.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLS, TRAVERS H	2.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICOLA, BRIDID M	3.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, WILLIAM W M.D.	4.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPE, DAVID P	5.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, KEVIN H	6.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	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:  DATE: **4/30/97** DAYTIME PHONE: **612-936-1717**

CR2E034 (9/96)