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Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 824202 (6)
1. Corporation Name
ALC FINANCIAL CORPORATION



Principal Place of Business
255 UNIVERSITY AVENUE
ST PAUL MINNESOTA 55103

Mailing Address
255 UNIVERSITY AVENUE
ST PAUL MINNESOTA 55103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Same	26	Same
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25 U.S.A.	29	30 U.S.A.

3. Date Incorporated or Qualified 03/06/1970	
4. FEI Number 41-0884308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	officer
NAME	SAXON, RONALD	1.2 NAME	
STREET ADDRESS	4410 W 25TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS PARK MN 55416	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	President
NAME	SAXON, JAMES	2.2 NAME	
STREET ADDRESS	13 FENLEA CIR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELLWOOD MN	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	SAXON, JACK	3.2 NAME	
STREET ADDRESS	1635 FOUR OAKS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	EAGAN MN	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	Donald Saxon
STREET ADDRESS		4.3 STREET ADDRESS	2504 Princeton
CITY - ST - ZIP		4.4 CITY - ST - ZIP	St. Louis Park, MN 55416
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE _____ President James Saxon President 1/23/98 412220555

CR2E034 (10/97)