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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 824202

ALC FINANCIAL CORPORATION

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90003 005 ***150.00



Principal Place	of Business	Mailing Address				1 (dånåt rätte tibli biete riett dåtte tibl arett enem erem erem erem erem				
255 UNIVERSITY		255 UNIVERSITY AVENUE								
ST PAUL MINNESOTA 55103		ST PAUL MINNESOTA 55103			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 03/06/1970				
2.0		2a. Mailing Address	_			4. FEI Number		$\neg \tau$	Applied For	
\neg	ace of Business	⊢ 7) α μα σ-						Not Applicable		
21 JAME		Suite, Apt. #, etc.				\$8.75 Additional				
Suite, Apt. #, etc.		⊢ '''				5. Certifcate of Status Desired		•	Required	
City & State		27 City & State				6. Flection Campaign Financing \$5.00 May Re				
23		28				Trust Fund Contribution Added to Fees				
Zip Country		Zip Country				8. This corporation owes the curre	ent year Inta	ngible		
24	25	29 30	30			Personal Property Tax.		Yes	□No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				Nan	ne					
	ORPORATION SYSTEM		82	Stre	et Addres	s (P.O. Box Number is Not Accepta	ible)			
	S. PINE ISLAND ROAD		Ľ			adiose (
PLAN	ITATION FL 33324		83	3					ļ	
			84	l City			FL	85 Z	ip Code	
		COT 4500 Flacida Clabata	the char		od corpor	ation cultimits this statement for the		hanging	its registered	
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 broad or granted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
			13.		ore required w	ADDITIONS/CHANGES TO OF		DIREC	TORS IN 12	
12.	0	DELETE	1.1 TITLE					Chang		
	· •		1.2 NAME						_	
NAME	SAXON, RONALD 4410 W 25TH ST		1.3 STREE		22:					
STREET ADDRESS	ST. LOUIS PARK MN 55416		1.4 CITY-							
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 TITLE	31-20				☐ Chang	ge 🔲 Addition	
NAME	SAXON, JAMES		2.2 NAME							
STREET ADDRESS	13 FENLEA CIR.		2.3 STREE		ss					
	DELLWOOD:MN ~ -	ينسائل فالربي يتيان الأالات	2.4 CITY-					-بىد-ىد		
CITY-ST-ZIP ~	ST DELETE			•••		☐ Change			ge 🔲 Addition	
NAME	SAXON, JACK		3.2 NAME							
STREET ADDRESS	1635 FOUR OAKS RD.		3.3 STREE	ET ADDRE	ss				Ì	
CITY-ST-ZIP	EAGAN MN		3.4. CITY-	ST-ZIP						
TITLE	VP	☐ DELETE	4.1 TITLE					☐ Chan	ge 🗌 Addition	
NAME	SAXON, DONALD		4. 2 NAME	:						
STREET ADDRESS	2504 PRINCETON		4.3 STREE	T ADDRE	ess					
CITY-ST-ZIP	ST LOUIS PARK MN 55416		4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Chang	ge 🔲 Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ETADDRE	ESS					
CITY-ST-ZIP			5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE					☐ Chan	ge	
NAME			6.2 NAME						1	
STREET ADDRESS	A Committee		6.3 STREI	ET ADDRE	ESS				}	

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. CITY-ST-ZIP'