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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 828504

(1)

CAROUSEL SNACK BARS OF MINNESOTA, INC.

APPROVED AND FILED

97 FEB -6 AM 91 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA



тпорастав	6: Cit Liftwitt 6:22	Mailing Address						
9549 PENN AVE. SOUTH MINNEAPOLIS MN 55431		9549 PENN AVE. SOUTH Minneapolis Min 55431-2532						
					3. Date Incorporated or Qualified 08/16/1972		of Last F	leport
2. Principal P	race of Business	2a. Mailing Address			4. FEI Number	01/00		oplied For
21		26			41-0905764			ot Applicable
Swite Apt	#, elo	Suite, Apt. #, etc.				[]	\$8.75	Additional
2		27			6. Certificate of Status Desired			equired
City & Stati	U	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Ziji	Country	Zip	Countr	У	8. This corporation has liability for it			. 199.032,
4	25	29	30			Yes .		
	9. Name and Address of Cur	rrent Registered Agent	81	Nama	10. Name and Address of New Reg	gistered Aç	gent	
	CORPORATION SYSTEM		*'	Name				
	O S. PINE ISLAND ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
PLAI	NTATION FL 33324		8:					
				'				
			84	City			85 Zip	Code
				<u> </u>		FL	<u> </u>	**
11. Pursuant office or r	to the provisions of Sections 607. registered agent, or both, in the Si	0502 and 607.1508, Florida Stat tale of Florida, Such change wa	utes, the abor s authorized b	ve-named co ov the corpori	rporation submits this statement for the p ation's board of directors. I hereby accep	ourpose of co	intment as	is registered registered
agent La	on tomition with and account the of	bligations of Section 607 0505	Florida Statute	96				
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i. Let hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I furner 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 this corporation or the regelver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Pock 18 if changing on a statistic heart with an address.

SIGNATURE:

ATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

vau/ VP-Controller

612-887-5399

Daytime Phone #