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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrís

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90064 001 ***150.00

DOCUMENT # 838422

SCHWAN'S SALES ENTERPRISES, INC.

Prir	ncipal Place of Business	N	lailing Address							
115 WEST COLLEGE DRIVE MARSHALL MN 56258			115 WEST COLLEGE DRIVE MARSHALL MN 56258			DO NOT WRITE IN THIS SPACE				
					ļ	3. Date Incorporated or Qualifed				
ł					1	05/17/1977				
2.	Principal Place of Business	2a	. Mailing Address			4. FEI Number Applied For				
21		26		_		41-0879087 Not Applicable				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	City & State	28	City & State			6. Election Campaign Financing 5:00 May Be Trust Fund Contribution Added to Fees				
	Zip Country	29	Zip Cou	intry		8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
Γ_	CT CORPORATION SYSTEM			81	Name					
1200 S. PINE ISLAND ROAD					Street Addres	reet Address (P.O. Box Number is Not Acceptable)				
	PLANTATION FL 33324			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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND D	IRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	P	☐ DELETE	1.1 TITLE	PICEOID	[⊠ Change	Addition						
NAME	NOYES, KENNETH H		1.2 NAME	Noyes, Kenneth H 115 West College Drive Marshall MN 56258								
STREET ADDRESS	115 WEST COLLEGE DRIVE		1.3 STREET ADDRESS	115 West College Drive								
CITY-ST-ZIP	MARSHALL MN		1.4 CITY-ST-ZIP	Marshall MN 56258)							
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change	Addition						
NAME	MILLER, DONALD		2.2 NAME	÷								
STREET ADDRESS	115 W COLLEGE DRIVE		2.3 STREET ADDRESS									
CITY-ST-ZIP	MARSHALL MN		2 4 CITY+\$T-ZIP									
TITLE	VPT	☐ DELETE	3.1 TITLE	V/T	[∑ Change	Addition						
NAME	HERRMAN, DAN		. 3.2 NAME	Hermann, Dan 115 W. College Drive		Ì						
STREET ADDRESS	115 W COLLEGE DRIVE		3.3 STREET ADDRESS	115 W. College Drive		}						
CITY-ST-ZIP	MARSHALL MN		3.4. CITY-ST-ZIP	Marshall MN 56258)							
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition						
NAME	SCHWAN, ALFRED		4. 2 NAME			}						
STREET ADDRESS	115 WEST COLLEGE DRIVE		4.3 STREET ADDRESS			Ì						
CITY-ST-ZIP	MARSHALL MN 56258		4.4 CITY-ST-ZIP	·								
TITLE	CEO	DELETE	5.1 TITLE	C, AIC /	Change	☐ Addition						
NAME	SCHWAN, ALFRED		5.2 NAME	Schwan, Hitred								
STREET ADDRESS	115 WEST COLLEGE DRIVE		5.3 STREET ADDRESS	Schwan, Alfred 115 W. College Drive Marshall, MN 56258	_							
CITY-ST-ZIP	MARSHALL MN 56258		5.4 CITY-ST-ZIP	Marshall MN 56258	, 							
TITLE	CFO	☐ DELETE	6.1 TITLE		☐ Change	M Addition						
NAME	MILLER, DONALD		6.2 NAME	Anderson Adrian J. 115 West College Drive		· ·						
STREET ADDRESS	115 WEST COLLEGE DRIVE		6.3 STREET ADDRESS	115 West Lottege DING		ļ						
CITY-ST-ZIP	MARSHALL MN 56258		6.4 CITY-ST-ZIP	Marshall MN 56258]						

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 feceiver 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.

SIGNATURE:

Man Hermann