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95 MAY -1 PM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
GROWTH INSTITUTES, INC.

DOCUMENT #
840008 (7)

Mailing Address
**#7 MAITLAND PLAZA
MAITLAND FL 32751
US**

Principal Place of Business
**549 TURNPIKE ROAD
GOLDEN VALLEY MINNESOTA 55418**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business	4. FEI Number 23-7105937	Applied For <input type="checkbox"/> Not Applicable
21. 175 Lookout Place	26. Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
22. Ste. 101	27. City & State	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
23. Maitland, FL 32751	28. City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. 32751	25. Orange	29. 301	

9. Name and Address of Current Registered Agent

**VON HILSHEIMER, GEORGE
180 W. TROTTERS DR.
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	VON HILSHEIMER, GEORGE	1.1 TITLE VP	Gill, Greg
1.2 NAME	160 W. TROTTERS DR.	1.2 NAME	740 Lincoln Rd.
1.3 STREET ADDRESS	MAITLAND FL	1.3 STREET ADDRESS	Deland, FL 32724
1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE P	WARNER JONNIE M	2.1 TITLE S, T	Woodward, John
2.2 NAME	1105 CHICHESTER ST	2.2 NAME	6097 Crossbow Lane
2.3 STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	Port Orange FL 32124
2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE S	EBEW NANCY	3.1 TITLE	
3.2 NAME	6438 CASCADE RD	3.2 NAME	
3.3 STREET ADDRESS	ORLANDO FL	3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE DP	WARNER DENNIS	4.1 TITLE	
4.2 NAME	4405 CHICHESTER ST	4.2 NAME	
4.3 STREET ADDRESS	ORLANDO FL	4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE DP	KITTINGER ELIZABETH	5.1 TITLE	
5.2 NAME	740 WOODBRIDGE PLACE	5.2 NAME	
5.3 STREET ADDRESS	LONGWOOD FL	5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE D	FRIEND, TOMM	6.1 TITLE	
6.2 NAME	2924 Turnbull Bay Rd	6.2 NAME	
6.3 STREET ADDRESS	New Smyrna, FL 32168	6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unencumbered property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Jonnie Mae Warner Jonnie Mae Warner 4/29/95 (407)660-2098
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR