

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 840008 (7)

1. Corporation Name
Growth Institutes

500001840895
-05/28/96--01035--019
***200.00

Principal Place of Business: 549 Turnpike Rd, Golden Valley, MN 55416
Mailing Address: 175 Lookout Place, STE 101, MAITLAND, FL 32751

2. Principal Place of Business: 175 Lookout Place
2a. Mailing Address: 175 Lookout Place, STE 101, MAITLAND, FL 32751
22. City & State: MAITLAND FL
23. City & State: MAITLAND FL
24. Zip: 32751
25. City: Orange
29. Zip: 32751
30. Country: Orange

3. Date Incorporated or Qual'ed: 2/13/1978
3a. Date of Last Report: 5/1/95
4. FEI Number: 23-7105937
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.03, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
George VonHilsheimer
160 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, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	VonHilsheimer, George	
STREET ADDRESS	160 W. Trotters Dr	
CITY, ST, ZIP	Maitland, FL 32751	
TITLE		DELETE
NAME	WARNER, Jannie Mae	✓
STREET ADDRESS	1105 Chichester St.	
CITY, ST, ZIP	Orlando, FL 32803	
TITLE	ST	DELETE
NAME	Woodward, John	
STREET ADDRESS	6097 Crossbow Lane	
CITY, ST, ZIP	Port Orange, FL 32124	
TITLE	VP	DELETE
NAME	Gill, Greg	
STREET ADDRESS	1240 Lincoln Rd	
CITY, ST, ZIP	Deland, FL 32724	
TITLE	D	DELETE
NAME	Friend, Tom	
STREET ADDRESS	2924 Turnbull Bay Rd.	
CITY, ST, ZIP	Key West, FL 32168	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 NAME	McCoy, Robert	
1.2 STREET ADDRESS	549 Turnpike Rd	
1.3 CITY, ST, ZIP	Golden Valley, MN 55416	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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: Jannie Mae Warner - Jannie Mae Warner 4/24/96 (107) 644-6464

CR2E034 (12/95)