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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	COMIS		IVISION OF C	JUNFURATIO					
DOCUI 1. Corporation	MENT #	846726	6	(8)						
,		NG GROUP, I	NC.							
Principal Place	of Business		Mailing Addr	ess			<u> </u>	HOLE BALL CLOCK GLOCK		
	HIGHWAY 55			TE HIGHWAY						
MINNEAPOLI	S MN 55441		MINNEAPO	OLIS MN 5544	1					
							3. Date Incorporated or Qualifit 08/14/1980		Last Re	•
2. Principal Pla	ace of Business		2a. Mailing A	ddress			4. FEI Number	00/		Applied For
Suite, Apt.	# ote		26 P U I	Box 591	59 		41-0833079	<del></del>		Not Applicable
22 Soile, Apr. 7	#, <del>U</del> .C.		27 ATTN		DEPT.		5. Certificate of Status Desired			Additional Required
City & State	)		City & Sta	ate			6. Election Campaign Financing	9 🗇		0 May Be
<b>23</b> ] Zip		ountry	28 Minnea	apolis,	MN Country		Trust Fund Contribution		Addied	to Fees
24	25	John y		9-8250	30		8. This corporation has liability Florida Statutes	for intangible tax i Yes □No	ınder s	199.032,
4	9. Name and A	ddress of Current	t Registered Age	ent		,	10. Name and Address of Ne	w Registered Ag	ent	
	Autor		****		81	Name				
	STATES CORP( AYES ST	DRATION COMPA	ANY		82	Street Add	dress (P.O. Box Number is Not Accep	otable)		
SUITE 1					83				<u>-</u>	<del></del>
	ASSEE FL 3230	1			84			·· <del>-</del> ···	85 Zin	Code
						City				
44 5		0.07.050						FL	1	
or registere	ed agent, or both, i	n the State of Florid	ia. Such change w	vas authorized	the above r	named corpo	pration submits this statement for the and of directors. I hereby accept the a	PL Dumose of chang	ing its re	poistored office
or registere familiar wit	ed agent, or both, i	Sections 607.0502 n the State of Florid obligations of, Section	ia. Such change w	vas authorized	the above r	named corpo	oration submits this statement for the and of directors. I hereby accept the a	PL Dumose of chang	ing its re	poistored office
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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 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 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 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 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 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 signature shall have the same legal effect as if made under oath is true and that my signature shall have the same legal effect as if the same Darrel M. Hamann

SIGNATURE: \_

Ham a HILL OFFICER OR DIRECTOR

Vice Pres. -Tax 4-22-96 612-540-5883