

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **851224** (6)

1. Corporation Name
CARLSON TRAVEL GROUP, INC.



Principal Place of Business: **12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441**
Mailing Address: **12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441**

3. Date Incorporated or Qualified: **12/08/1981**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	22. Mailing Address	4. FEI Number	Applied For
	P O Box 59159	41-1367181	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	ATTN: TAX DEPT.		
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Minneapolis MN		
24. Zip	25. Country	29. Zip	30. Country
		55459-8250	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, TRAVIS	1.2 NAME	
STREET ADDRESS	12755 STATE HIGHWAY 55	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MINNEAPOLIS MN	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARMON, LEE	2.2 NAME	
STREET ADDRESS	12755 STATE HWY 55	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MINNEAPOLIS, MN 0	2.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, GERALD W.	3.2 NAME	
STREET ADDRESS	12755 STATE HWY 55	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MINNEAPOLIS, MN 0	3.4 CITY-STATE-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRACLES, JOHN M	4.2 NAME	
STREET ADDRESS	12755 STATE HWY 55	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MINNEAPOLIS, MN 0	4.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMANN, D	5.2 NAME	
STREET ADDRESS	12755 STATE HWY 55	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MINNEAPOLIS, MN 0	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, C.L.	6.2 NAME	
STREET ADDRESS	12755 STATE HWY 55	6.3 STREET ADDRESS	
CITY-STATE-ZIP	MINNEAPOLIS MN	6.4 CITY-STATE-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 in an attachment with an address.

SIGNATURE: *Darrel M. Hamann*
Signature and typed or printed name of signing officer or director: **Darrel M. Hamann**
Vice Pres. - Tax 4-22-96 612-540-5883

CR2E034 (12/95)