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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90044 031 ***150.00

DOCUMENT # 854314 1. Corporation Name

CITY-ST-ZIP

TED GLASRUD ASSOCIATES, INC.				<u></u>	
				I I BRAINN RANNA NICHT AFRAN AIR BE HERT AFRA AFRA	
Principal Plac	e of Business	Mailing Address			15 B1011 01011 01015 01011 01011 1005
431 SOUTH 7T	н st.	431 SOUTH 7TH ST.			
SUITE #2470 SUITE #2470			DO MOT MIDITE IN T	UC 00105	
MINNEAPOLIS MN 55415 MINNEAPOLIS MN 55415				DO NOT WRITE IN TH	115 SPACE
				3. Date Incorporated or Qualifed	
·		2- A1-9: Add		10/07/1982 4. FEI Number	Applied For
—, ·	Place of Business	2a. Mailing Address		41-0970116	Not Applicable
21 Suita Ant	# ota	Suite, Apt. #, etc.		41 0370110	\$8.75 Additional
Suite, Apt.	. #, etc.	27		5. Certifcate of Status Desired	Fee Required
22 City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent
		-	81 Name		
	SRUD, THEODORE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	·
4013 S.E. FAIRWAY EAST		oli cel Addi	(10. Box Maribor is 1101 Goophasis)		
STU	ART FL 34997		83		
			84 City		. 85 Zip Code
				F	L
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a itions of, Section 607.0505, Flo	iutnorized by the corporation inda Statutes.	on's board of directors. I hereby accept the ap	politiment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered Agent signature require		**** BIDEOTODO III 40
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	CD	☐ DELETE	1.1 TITLE		Criange Dividuali
NAME	GLASRUD, THEODORE		1.2 NAME		
STREET ADDRESS		_	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 3499		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	P THEODORE	☐ DELETE	2.1 TITLE		☐ Citatige ☐ Addition
NAME	GLASRUD, THEODORE G.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		7415 DECEME	2. 4 CITY-ST-ZIP		Change Addition
TITLE	S CEDALD	☐ DELETE	31 TITLE		
NAME	POHL, GERALD		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55	7 475 □ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	-7		4. 2 NAME		
NAME	KUEHN, PAUL 1801 RICE CREEK RD				
STREET ADDRESS		· · · · ¬	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW DRIGHTON MIN 35	~// Z. □ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE			5.2 NAME		
NAME PARTE ADDOCTOR			5.3 STREET ADDRESS	,	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE			- 0.7 Gill GI'ER		
NAME		☐ DELETE	6.1 TITLE	1.1.00	☐ Change ☐ Addition
		☐ DELETE	6.1 TITLE 6.2 NAME	1.1.007	☐ Change ☐ Addition
		☐ DELETE			☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	6.2 NAME		☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE

2/24/99 (612)341-2651