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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300000011 (7)

NET LEASE MANAGEMENT 85-A, INC.

FILED Mar 31 1998 8:00am Secretary of State



Principal Place	of Business	Ma	Mailing Address											
1300 MINNESOTA WORLD TRADE CENTER 30 EAST SEVENTH STREET ST. PAUL MN 55101			1300 MINNESOTA WORLD TRADE CENTER 30 EAST SEVENTH STREET ST. PAUL MN 55101					DO NO	OT WRITE	IN THIS S	PACE			
							3.	Date Incorporated or 0 01/04/1993	Qualified					
2. Principal Place of Business			2e. Mailing Address				4.	FEI Number					olied For	
21			26					41-1503118					Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6.	Certificate of Status De	esired				dditional quired	
City & State			City & State					Election Campaign Fin	nnoina		¢.	. 00	May Be	
23			28					Trust Fund Contributio	-				Fees	
Zip 24	Country 25	20	Zıp Cour 29 30				8. This corporation owes or has paid the current year Intar Personal Property Tax due June 30.				ngible No			
24	9. Name and Address of Curren		lezed Agent	1301			10.	Name and Address o						
CT					81	Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD								Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324														
					83							<u> </u>		
					84	City				FL	85	Zip C		
office or re	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the obliga	of Floric	ia. Such change was	BUTHOUZE	าทข	the cor	d corporation orporation's b	n submits this statemer poard of directors. I her	it for the p eby accep	urpose of t the appo	chang sintme	ing its nt as	registered registered	
SIGNATURE .	Signature, lyped or printed name of registered age	ol and title	if applicable (NO)	TE: Registered	J Age	nt signatur	re required when	reinstating)		DATE				
12.	OFFICERS ANI			13.				ADDITIONS/CHANGES	TO OFFIC	ERS AND	DIRE	CTOR	\$ IN 12	
TITLE	PCD		DELETE	1.1 T	TI F		T				☐ Ch		☐ Addition	
NAME	JOHNSON, ROBERT P			1.2 N/								-		
STREET ADDRESS	30 EAST 7TH STREET, #1300)		1.3 \$1	REET	ADDRESS								
CITY-ST-ZIP	ST. PAUL MN 55101			1.4 CI	TY-S	1-ZIP								
TITLE	डा		☐ DELETE	2.1 TI	TLE						Ch:	ange	Addition	
NAME	LARSON, MARK E			2.2 NA	ME									
STREET ADDRESS	30 EAST 7TH STREET, #1300)		2.3 ST	REET	ADDRESS	; [
CITY-ST-ZIP	ST. PAUL MN 55101			2.4 C	ITY - S	ST-ZIP								
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NAME				3.2 NA										
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STREET ADDRESS				4.3 SI			']							
CITY-ST-ZIP TITLE			DEL ete	4.4 CI		1 - £1F				-	☐ Ct	ange	☐ Addition	
NAME				5.2 NA								-		
STREET ADDRESS						ADDRESS	<u>.</u>							
CITY-ST-ZIP				5.4 CI										
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NAME				6.2 N/										
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CITY-ST-ZIP				6.4 CI										
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4. 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 of 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 receptor or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted it or on an attachment with an address.