

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # F93000004463 (6)

1. Corporation Name
CENERPRISE, INC.



Principal Place of Business

**ONE MAIN ST., SE
 STE. 600
 MINNEAPOLIS MN 55414
 US**

Mailing Address

**ONE MAIN ST SE
 STE. 600
 MINNEAPOLIS MN 55414-1021
 US**

3. Date Incorporated or Qualified 10/04/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 41-1759883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 _____ DATE _____
S. is a name, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, THOMAS J	
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DANIEL T. HUDSON	
STREET ADDRESS	ONE MAIN ST SE STE 600	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLASS, PETER M	
STREET ADDRESS	ONE MAIN ST., SE., STE. 600	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	BUSCH, JEFFREY R	
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SANDRA S. SCHUTJER	
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	MINNEAPOLIS MN 55414
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	MINNEAPOLIS MN 55414
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	MINNEAPOLIS MN 55414
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES N. WEIDNER
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	MINNEAPOLIS MN 55414
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	MINNEAPOLIS MN 55414
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AT ASSISTANT TREASURER PAUL A. JOHN SON
6.3 STREET ADDRESS	ONE MAIN ST SE, SUITE 600
6.4 CITY - ST - ZIP	MINNEAPOLIS MN 55414 (CONTINUED)

14. I do 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.

SIGNATURE: Sandra S. Schutjer Ass't Sec'y 1/14/97 612-362-2806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

13. (continued)

Officer

AS Assistant Secretary (This is an addition)

Roberta J. Landreth
9101 West 110th Street
35 Corporate Woods, Suite 200
Overland Park, KS 66210

D Director (This is an addition)

Edward J. McIntyre
One Main Street S.E., Suite 600
Minneapolis, MN 55414

D Director (This is an addition)

Arland D. Brusven
One Main Street S.E., Suite 600
Minneapolis, MN 55414

D Director (This is an addition)

John A. Noer
One Main Street S.E., Suite 600
Minneapolis, MN 55414

D Director (This is an addition)

David H. Peterson
One Main Street S.E., Suite 600
Minneapolis, MN 55414