SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001136 (0)

BORDER STATES INDU	STRIFS, INC

BONDEN	i Sixies industries, inc.				
Principal Place	e of Business	Mailing Address			I ARDITAD DITA TOTAL BEAUL DOMAN BAHAK DOMAN DANAN BAHAR ALDON 11000 11110 BITA 11110 BITA 11110 BITA 1
105-25TH STREET NORTH P.O. BOX 2767					
FARGO ND 581		FARGO ND 58108-2767			
US	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 03/07/1994
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			45-0275004 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22					Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23		28	1		Trust Fund Contribution
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	[25]	29	30		Personal Property Tax due June 30. X Yes No
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
	CORPORATION SYSTEM		"	Ivanie	
	S. PINE ISLAND RD.		82	Street /	Address (P.O. Box Number is Not Acceptable)
j PLAT	NTATION FL 33324		83		
			63		
			84	City	FL 85 Zip Code
11 Duranasi	to the provisions of postions CO7 0502	on LEON 1500 Cleride Statule		nomed s	
office or	regist er ed agent, or both, in the State o	and 607, 1506, Florida Statute f Florida: Such change was a	s, the above- iuthorized by	the corpo	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
agent.ia	am familiar with, and accept the obligat	ions of, section 607.0505, Flo	rida Statutes	i.	
SIGNATURE	Signature, typed or printed name of registered agent (end title II poblicable (NC	If : Repstered A	nont signatur	e required when reinstaling) DATE
12.	OFFICERS AND		13.	go ii o g icitor	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	· P	[]DELETE	1.1 TITLE	I	Change Addition
NAME	MADSON, PAUL C	. ,	1.2 NAME		
STREET ADDRESS	2441 E. COUNTRY CLUB DRIVE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	FARGO ND		1.4 C/TY-S1	-ZIP	
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	GILL, ROBERT P		2 2 NAME		_ • -
STREET ADDRESS	5978 E SAPPHIRE LANE		23 STREFT	ADDRESS	
CITY-ST-ZIP	PARADISE VALLEY AZ		2.4 CH Y-S1	-ZIP	
TITLE	\$	DETETE	3 1 TITLE		Change Addition
NAME	HOFFELT, GREG		3.2 NAME		
STREET ADDRESS	1708 9TH ST., SOUTH		3.3 STREET	ADDRESS	
CITY-ST-ZIP	FARGO ND 58103		3.4 CHY-ST	-ZIP	
TITL€	VI	Derese	4.1 TITLE		Change Addition
NAME	MILLER, TAMMY J		4.2 NAME		
STREET ADDRESS	2201 VICTORIA ROSE DR.		4 3 STREET	ADDRESS	
CITY-ST-ZIP	FARGO ND		4.4 CITY-ST	-ZIP	
TITLE	V	DELETE	K 1		V Addition
NAME	THRALL, BRAD		5.2 NAME	ĺ	Thrall, Brad
STREET ADDRESS	3020 N. SHORE LOOP		5.3 STREET	ADDRESS	4119 Timberline Drive
CITY-ST-ZIP	MANDAN ND 58554	t many	5.4 CHY-ST	ZIP .	Fargo_ND_58104-6629
TITLE		[] DELETE	6.1 TITLE	1	Change Addition
NAME			6.2 NAML	Ì	
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST	-ZIP	·

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 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 co-poration or the receiver or truster compowered 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 the information.