

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

FILED

Feb 05 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 # F94000001185 (7)

1. Corporation Name
AMERIDATA, INC.

Principal Place of Business
10200 51ST AVE N
PLYMOUTH MN 55442

Mailing Address
10200 51ST AVE N
PLYMOUTH MN 55442-3206



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/09/1994

3a. Date of Last Report

02/01/1996

4. FEI Number

41-0997685

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	MCCLEARY, JAMES	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE	CV	<input checked="" type="checkbox"/> DELETE
NAME	POCH, GERALD	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	FASSLER, LEN	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OBERHAUSER, LOU	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HARVATINE, JOHN	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Perry Monych	
1.3 STREET ADDRESS	5121 Winnetka	
1.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55428	
2.1 TITLE	CV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANKLIN KUHAR	
2.3 STREET ADDRESS	10200-51st Ave N	
2.4 CITY-ST-ZIP	Plymouth MN 55442	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gwen Higgins	
4.3 STREET ADDRESS	700 Canal St	
4.4 CITY-ST-ZIP	Stamford CT 06902	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard McDevitt	
5.3 STREET ADDRESS	93 Ralsey Rd	
5.4 CITY-ST-ZIP	Stamford CT 06902	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gerald Poch	
6.3 STREET ADDRESS	10200-51st Ave N	
6.4 CITY-ST-ZIP	Plymouth MN 55442	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Perry Monych Jan 28/97 612 557-2552

CR2E034 (9/96)