

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001475 (2)**

1. Corporation Name
D.A.S.I., INC.



Principal Place of Business: **277 COON RAPIDS BLVD SUITE 209 COON RAPIDS MN 55433**
Mailing Address: **277 COON RAPIDS BLVD SUITE 209 COON RAPIDS MN 55433**

3. Date Incorporated or Qualified: **03/23/1994**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **41-1389763**
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

2. Principal Place of Business: **277 Coon Rapids Blvd.**
2a. Mailing Address: **277 Coon Rapids Blvd.**
22. City & State: **Coon Rapids MN**
23. City & State: **Coon Rapids MN**
24. Zip: **55433** 25. Country: **USA**
29. Zip: **55433** 30. Country: **USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 607.1503, 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 607.0905, Florida Statutes.

SIGNATURE: _____ (Print Name, Title, and Address of Current Registered Agent) _____ (Print Name, Title, and Address of New Registered Agent) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ZUREK, KATHLEEN J	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 277 COON RAPIDS BLVD, SUITE 209	CITY, ST, ZIP: COON RAPIDS MN	1.2 NAME:	
TITLE: STD	NAME: ZUREK, ROBERT A	1.3 STREET ADDRESS: 600 Coon Rapids Blvd	
STREET ADDRESS: 277 COON RAPIDS BLVD, SUITE 209	CITY, ST, ZIP: COON RAPIDS MN	1.4 CITY, ST, ZIP:	
TITLE: V	NAME: GALLAGHER, SALLY	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 277 COON RAPIDS BLVD, SUITE 209	CITY, ST, ZIP: COON RAPIDS MN	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS: 600 Coon Rapids Blvd	
TITLE:	NAME:	2.4 CITY, ST, ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS: 600 Coon Rapids Blvd	
TITLE:	NAME:	3.4 CITY, ST, ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY, ST, ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
TITLE:	NAME:	5.4 CITY, ST, ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
TITLE:	NAME:	6.4 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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: *Sally Gallagher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

612-780-1042
Date: _____
Duties: _____

CR2E034 (12/95)