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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002220 (1)

1. Corporation Name

GOLDSMITH, AGIO, HELMS SECURITIES, INC.

Principal Place of Business

1170 THIRD ST. SOUTH #C201
NAPLES FL 33940

Mailing Address

1170 THIRD ST. SOUTH #C201
NAPLES FL 34102-7062

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GOLDSMITH, STEVEN M
1170 THIRD STREET SOUTH #C201
NAPLES FL 33940

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 types the printed name of registered agent (name not applicable)

(NONE) Registered Agent's signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CARUSO JR, GERALD M
STREET ADDRESS 1ST BANK PLACE - 46TH FL, 601 2ND AVE. S.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE D ☐ DELETE

NAME KIEFER, JAN M
STREET ADDRESS 1ST BANK PLACE - 46TH FL, 601 2ND AVE. S.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE CEO ☐ DELETE

NAME HELMS, JACK P
STREET ADDRESS 1ST BANK PLACE - 46TH FL, 601 2ND AVE. S.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE S ☐ DELETE

NAME LYNNER, TERRY A
STREET ADDRESS 1ST BANK PLACE - 46TH FL, 601 2ND AVE. S.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE D ☐ DELETE

NAME GOLDSMITH, STEVEN M
STREET ADDRESS 1170 THIRD STREET SOUTH #C201
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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]

GERALD CARUSO

2-13-97 612-339-0500

CR2E034 (9/96)