

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

FILED

Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000002402 (5)

1. Corporation Name
H.A. HOLDEN, INC.

Principal Place of Business
6173 N.W. 72ND AVE.
MIAMI FL 33166

Mailing Address
1208 HARMON PLACE
MINNEAPOLIS MN 55403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1994	
21		26	12811 16 th AVE N.	4. FEI Number	Applied For
	Suite, Apt. #, etc.			41-0315663	Not Applicable
22		27		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23		28	Plymouth MN		
	Zip		Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24		29	55441		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
P <td>KERIN, DUANE J</td> <td><input type="checkbox"/> DELETE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	KERIN, DUANE J	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1208 HARMON PL. 12811 16 th AVE N.	1.2 NAME	
CITY-ST-ZIP	MINNEAPOLIS MN 55403 - Plymouth MN 55441	1.3 STREET ADDRESS	
V	SEIDA, BAILEY	1.4 CITY-ST-ZIP	
STREET ADDRESS	1208 HARMON PL. SAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MINNEAPOLIS MN 55403	2.2 NAME	
V	KERIN, TODD	2.3 STREET ADDRESS	
STREET ADDRESS	1208 HARMON PL. SAME	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 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: _____ TODD KERIN TRES. 2/24/98

CR2E034 (10/97)