


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

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Mar 13 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 # F94000002973 (5) 1. Corporation Name CFS BROKERAGE CORP.					
Principal Place of Business 9800 BREN RD. E., STE. 200 MINNETONKA MN 55343			Mailing Address 9800 BREN RD. E., STE. 200 MINNETONKA MN 55343		



DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 06/07/1994 4. FEI Number 41-1632897 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 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: typed or printed name of registered agent and title if applicable

(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	1.2 NAME
STREET ADDRESS	6537 RIDGEVIEW DR.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	EDINA MN 55439	2.1 TITLE	2.2 NAME
TITLE	VS	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	WEISENBURGER, MARC J	3.1 TITLE	3.2 NAME
STREET ADDRESS	12300 30TH AVE. N.	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	PLYMOUTH MN 55441	4.1 TITLE	4.2 NAME
TITLE	V	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME	KAVLIE, VAUGHN C	5.1 TITLE	5.2 NAME
STREET ADDRESS	3149 HAMPSHIRE AVE. S.	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP	ST. LOUIS PARK MN 55428	6.1 TITLE	6.2 NAME
TITLE	DC	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME	OLSEN, ROY		
STREET ADDRESS	230 EMMANS ROAD		
CITY - ST - ZIP	FLNDERS NJ 07836		
TITLE			
NAME			
STREET ADDRESS			
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 a receiver or agent 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 FILING OFFICER OR DIRECTOR

CR2E034 (10/97)