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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F94000002973 (5)

FILED Mar 13 1998 8:00am Secretary of State

CFS BHUKEHAGE CORP.	<u>.</u>							
Principal Place of Business	Mailing Addre	ss			} • • • • • • • • • • • • • • • • • • •	ı Ağılı Balıı Adı		BAR int iåål
9800 BREN RD. E., STE. 200		D. E., STE. 200			ţ.			
MINNETONKA MN 55343 MINNETONKA MN 553					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifie 06/07/1994		OF ACE	
2. Principal Place of Business	2a. Mailing Ad	dress			4. FEI Number		1 14	pplied For
21	26				41-1632897			ot Applicable
Suite, Apt. #, etc.	Suite, Apt	#, etc.	·	****				Additional
22	27				Certificate of Status Desired	. Ш	Fee F	equired
City & State	City & State	e			6. Election Campaign Financing	j	\$5.00	May Be
23	28				Trust Fund Contribution		Added	to Fees
Zip Country	Zip	├	Country		8. This corporation owes or has			
24 25	[29]	30			Personal Property Tax due Ju		Yes	No
	s of Current Registered Agent	<u> </u>	81 Na		10. Name and Address of New	Registered	Agent	<i>I</i>
CT CORPORATION SYST			oi Ivai	He				
1200 SOUTH PINE ISLAN	ID HOAD		82 Stre	et Addre	ss (P.O. Box Number is Not Accep	itable)		
PLANTATION FL 33324			83					
			55					
			84 City	,		Fl	85 Zip	Code
								lto registered
44 Department to the provisions of Coption	v CO7 01 02 and CO7 11 00 Fla	vida Ctatudae tha	. nhawa nan					its registered
11. Pursuant to the provisions of Section office or registered agent, or both,	ons 607,0502 and 607,1508, Flo in the State of Florida, Such cha	orida Statutes, the ange was authori	above-nam zed by the o	ned corpo corporatio	ration submits this statement for th in's board of directors. I hereby ac	cept the ap	pointment a	s registered
11. Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept	ons 607.0502 and 607.1508, Flo in the State of Florida. Such ch pt the obligations of, Section 60	orida Statutes, the ange was authori 07.0505, Florida S	above-nam zed by the d datutes.	ned corpo corporatio	ration submits this statement for th in's board of directors. I hereby ac-	cept the ap	pointment a	s registered
SIGNATURE							pointment as	s registered
SIGNATURE Signature typed or printed name of	Pregistered agreet and blood applicable	(NOTE: Regist	ered Agent sign		s when reinstating)	DATE		
SIGNATURE Signature typed or printed name of	of registered agreet and fitte if applicable.	(NOTE: Regist	ered Agent sign			DATE		RS IN 12
SIGNATURE Signature typed or printed hare of	Pregistered agest and title if applicative	(NOTE Regist	ered Agent sign 3.		s when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE Signature typed or printed have r 12. OFF TITLE CDP ENGEBRETSON, RI 2577 RIPORT PLANT	Pregistered appert and fate of applicable FIGERS AND DIRECTORS CHARD L	(NOTE Regist 1: DELETE 1:	ered Agent sign 3. 1 TiTLE 2 NAME	ature required	s when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE Signature typed or printed have r 12. OFF TITLE NAME STREET ADDRESS SIGNATURE SIGN	Pregistered appert and fate of applicable FIGERS AND DIRECTORS CHARD L	(NOTE Regist 1: DELETE 1. 1:	ered Agent sign 3. 1 TITLE 2 NAME 3 STREET ADDRE	ature required	s when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE Signature types to printed have of the state o	Pregisteriot agent and title if applicable FIGERS AND DIRECTORS CHARD L R.	(NOTE Regist 1: DELETE 1: 1: 1: 1:	ered Agent sign 3. 1 TiTLE 2 NAME	ature required	s when reinstating)	DATE	D DIRECTO	RS IN 12
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SIGNATURE 12. OF ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE VS WEISENBURGER, N STREET ADDRESS 12300-30TH AVE. 1	Prejectered agent and file if applicable FIGERS AND DIRECTORS CHARD L R.	(NOTE: Regist 1: DELETE 1: 1: 1: DELETE 2:	ered Agent sign 3. 1 TYLE 2 NAME 3 STREET ADDRE 4 CITY-ST-ZIP 1 TITLE	ature required	s when reinstating)	DATE	D DIRECTO Change	RS IN 12
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SIGNATURE Signature typed or privated frame of the control of the	Trejisteriot agost and title if applicable FICERS AND DIRECTORS CHARD L R. MARG J	(NOTE: Regist 1: DELETE 1: 1: 1: DELETE 2: 2: 2: 2:	ered Agent sign 3. 1 TITLE 2 NAME 3 STREET ADDRE 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRE	ature required	s when reinstating)	DATE	D DIRECTO Change	RS IN 12 Addition
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mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in