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Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F94000003606 (0)**

1. Corporation Name  
**HARTZELL FLORIDA, INC.**



Principal Place of Business  
**4100 NORTH POWERLINE ROAD  
SUITE A2  
POMPANO BEACH FL 33073  
US**

Mailing Address  
**P.O. BOX 64529  
ST. PAUL MN 55164-0529  
US**

3. Date Incorporated or Qualified <b>07/11/1994</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>65-0502437</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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

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

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>KASEL, DWAIN</b>	
STREET ADDRESS	<b>2516 WABASH AVE</b>	
CITY- ST- ZIP	<b>ST PAUL MN 55114</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBER, DONN P</b>	
STREET ADDRESS	<b>2516 WABASH AVE</b>	
CITY- ST- ZIP	<b>ST PAUL MN 55114</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CINA, PHILIP M</b>	
STREET ADDRESS	<b>2516 WABASH AVE</b>	
CITY- ST- ZIP	<b>ST PAUL MN 55114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, TIMOTHY D</b>	
STREET ADDRESS	<b>2516 WABASH AVE</b>	
CITY- ST- ZIP	<b>ST PAUL MN 55114</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>James P. Santelli</b>	
53 STREET ADDRESS	<b>2516 Wabash Ave.</b>	
54 CITY- ST- ZIP	<b>St. Paul, MN 55114</b>	
61 TITLE	<b>S (Assistant)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Harvey F. Kaplan</b>	
63 STREET ADDRESS	<b>2516 Wabash Ave.</b>	
64 CITY- ST- ZIP	<b>St. Paul, MN, 55114</b>	

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: *James P. Santelli* **James P. Santelli** 1/27/97 (612) 646-9456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)