FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000004273 (8)**

1. Corporation Name

ASSOCIATED PARTNERSHIP LTD INC.

Principal Place of Business	Mailing Address
12117 RIVERWOOD DR. BURNSVILLE MN 55337	12117 RIVERWOOD DR. BURNSVILLE MN 55337

3. Date Incorporated or Qualified: **08/17/1994**

3a. Date of Last Report: **11/20/1995**

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

4. FEI Number: **41-1459880** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OAKS, MARY
9400 SIDNEY HAYES RD.
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name: DOAK, WILLIAM

82 Street Address (P.O. Box Number is Not Acceptable): 9400 SIDNEY HAYES RD

83

84 City: ORLANDO **FL** 85 Zip Code: 32824

11. Pursuant to the provisions of Sections 607.0502 and 607.150b, 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: William Doak
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, DUWADE		1.2 NAME		
STREET ADDRESS	12117 RIVERWOOD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BURNSVILLE MN 55337		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, MICHAEL		2.2 NAME		
STREET ADDRESS	12117 RIVERWOOD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURNSVILLE MN 55337		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, NANCY		3.2 NAME		
STREET ADDRESS	12117 RIVERWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BURNSVILLE MN 55337		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96
Date

(612)890-7851
Daytime Phone #

CR2E034 (12/95)