

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 # F94000006647 (1)

1. Corporation Name

WORKMAN SECURITIES CORPORATION

Principal Place of Business

5353 WAYZATA BLVD. #310
MINNEAPOLIS MN 55416

Mailing Address

5353 WAYZATA BLVD. #310
MINNEAPOLIS MN 55416



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1994		3a. Date of Last Report 03/08/1995	
21		26		4. FEI Number 41-1683324		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NERI, RAMON 4691 ORANGE GROVE WAY PALM HARBOR FL 34685-4024				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	PS	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, BRUCE D	12 NAME	
STREET ADDRESS	2212 CHIPPEWA ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MEDINA MN 55340	14 CITY-ST-ZIP	
TITLE	V	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAFLIN, BRUCE M	22 NAME	VP
STREET ADDRESS	2323 SIOUX COURT	23 STREET ADDRESS	BRUCE M. CLAFLIN
CITY-ST-ZIP	NEW BRIGHTON MN 55112	24 CITY-ST-ZIP	4708 TWIN LAKE AVENUE
TITLE	CFO	24 CITY-ST-ZIP	BROOKLYN CENTER, MN 55429
NAME	DAVIDSON, DEBORAH	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5353 WAYZATA B LVD	32 NAME	CFO
CITY-ST-ZIP	MINNEAPOLIS MN	33 STREET ADDRESS	MARK S. PAVWUSKI
TITLE		34 CITY-ST-ZIP	1012 APRIL PLACE
NAME		4 1 TITLE	BURNSVILLE, MN 55306
STREET ADDRESS		42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
TITLE		44 CITY-ST-ZIP	
NAME		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
TITLE		54 CITY-ST-ZIP	
NAME		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
TITLE		64 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)(k), 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

612/541-1364

Daytime Phone #

CR2E034 (12/95)