

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90019 040 ***150.00

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DOCUMENT # F95000002435

1. Corporation Name

HOMEPLUS INSURANCE AGENCY, INC.



Principal Place of Business

**400 ROBERT STREET NORTH
ST PAUL MN 55101
US**

Mailing Address

**400 ROBERT STREET NORTH
ST PAUL MN 55101
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1995

4. FEI Number

41-1741986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**BUGALSKI, MARK
398 W. CAMINO GARDENS BLVD.
BOCA RATON FL 33432-5827**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	FITZPATRICK, FRANK D	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEPLAVY, DAVE	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OSTLIE, STEVE	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, PAUL	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BURDER, JOHN	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITZPATRICK, FRANK	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bruder, John
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE:

Dave LePlavy

Dave LePlavy/Treasurer

3/1/99

651-665-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)