

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

**FILED**

**Feb 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002667 (2)**  
1. Corporation Name  
**AFC AGENCY, INC.**



Principal Place of Business <b>1100 ABERNATHY ROAD, STE. 1200 ATLANTA GA 30328</b>	Mailing Address <b>1100 ABERNATHY ROAD, STE. 1200 ATLANTA GA 30328-5640</b>
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2. Principal Place of Business 21 <b>400 Highway 169 South</b> 22 <b>400</b> 23 <b>St. Louis Park, MN</b> 24 <b>55426</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. Box 5640</b> 27 28 <b>Minneapolis, MN</b> 29 <b>55440</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>06/02/1995</b>	3a. Date of Last Report <b>04/17/1996</b>
		4. FEI Number <b>41-1787112</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNCAN, KENNETH M</b>	1.2 NAME	
STREET ADDRESS	<b>6000 CLEARWATER DR.</b>	1.3 STREET ADDRESS	<b>400 Hwy. 169 S., Ste. 400</b>
CITY - ST - ZIP	<b>MINNETONKA MN 55343</b>	1.4 CITY - ST - ZIP	<b>St. Louis Park, MN 55426</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, DAVID W</b>	2.2 NAME	
STREET ADDRESS	<b>6000 CLEARWATER DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MINNETONKA MN 55343</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CUTLER, LINDA L</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>15407 MCGINTY ROAD WEST</b>	3.3 STREET ADDRESS	<b>Heather A. McQueen</b>
CITY - ST - ZIP	<b>WAYZAYA MN 55391-2399</b>	3.4 CITY - ST - ZIP	<b>400 Hwy. 169 S., Ste. 400</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HILLGOSS, JEFFREY A</b>	4.2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>6000 CLEARWATER DR.</b>	4.3 STREET ADDRESS	<b>Mary E. Kaplan</b>
CITY - ST - ZIP	<b>MINNETONKA MN 55343</b>	4.4 CITY - ST - ZIP	<b>400 Hwy. 169 S., Ste. 400</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, LESLIE Z</b>	5.2 NAME	
STREET ADDRESS	<b>1100 ABERNATHY ROAD, STE. 1200</b>	5.3 STREET ADDRESS	<b>400 Hwy. 169 S., Ste 400</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>	5.4 CITY - ST - ZIP	<b>St. Louis Park, MN 55426</b>
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JEANNE V</b>	6.2 NAME	
STREET ADDRESS	<b>1100 ABERNATHY ROAD, STE. 1200</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	6.4 CITY - ST - ZIP	

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: *Heather A. McQueen* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)