

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002876 (9)

1. Corporation Name
AMERICAN EXECUTIVE LEASING, INC.

Principal Place of Business
1306 W. CO. ROAD F. STE 103
ARDEN HILLS MN 55112

Mailing Address
1306 W. CO. ROAD F. STE 103
ARDEN HILLS MN 55112



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1995

2. Principal Place of Business	2a. Mailing Address
21 3900 Northwoods Drive	26 3900 Northwoods Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 350	27 Suite 350
City & State	City & State
23 Arden Hills, MN	28 Arden Hills, MN
Zip	Zip
24 55112	29 55112
Country	Country
25 USA	30 USA

4. FEI Number	Applied For
45-0418667	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 or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" 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

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	TD	<input type="checkbox"/> DELETE
NAME	KOHLER JR, ARTHUR J	
STREET ADDRESS	3778 BRIGHTON WAY	
CITY-ST-ZIP	ARDEN HILLS MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANKERFELT, GARY	
STREET ADDRESS	3778 BRIGHTON WAY	
CITY-ST-ZIP	ARDEN HILLS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kohler Jr, Arthur J
1.3 STREET ADDRESS	5451 Antler Point Drive
1.4 CITY-ST-ZIP	Henderson, NV 89014
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD Ankerfelt, Gary
2.3 STREET ADDRESS	3900 Northwoods Dr, Suite 350
2.4 CITY-ST-ZIP	Arden Hills, MN 55112
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD Larkin, Robert
3.3 STREET ADDRESS	357 4th Street
3.4 CITY-ST-ZIP	Audubon, MN 56511
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wilson, William
4.3 STREET ADDRESS	357 4th Street
4.4 CITY-ST-ZIP	Audubon, MN 56511
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Coughlin Timothy
5.3 STREET ADDRESS	357 4th Street
5.4 CITY-ST-ZIP	Audubon, MN 56511
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.

SIGNATURE: Gary Ankerfelt 4/4/98 218-433-6363

CR2E034 (10/97)