FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PRÖFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F95000004304 (0)

DOCUMENT #
1. Corporation Name RAINFOREST CAFE, INC.

Principal Place of Business

Mailing Address



720 SO. 5TH STREET HOPKINS MN 55343		720 SO. 5TH STREET HOPKINS MN 55343				
					3. Date incorporated or Qualified 09/06/1995	3a. Date of Last Report
2. Principal Pla	ace of Business 2	a. Mailing Address			4. FEI Number	Applied For
2718008	. Buena Vista DI 26	January 160 - 160	r Otra	ot	41-1779527	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Buena Vista IL 28	111042011 S	, m)	Election Campaign Financing Trust Funkl Contribution	S5.00 May Be Added to Fees
24 32030 25 US 29 55343 30 Country				`		□No
9. Name and Address of Current Registered Agent 10. Name and Address of I						egistered Agent
,			81 Name)		
C T CORPORATION SYSTEM 82 Street Address				s (P.O. Box Number is Not Acceptab	le)	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83						
PLANIA	NTION FL 33324		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 Statute 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 Signative types or professional electrophismologics as a time disquire electrophismologics as a time disquire electrophismologics as a time disquire electrophismologics and the professional approximation of the professional approximation approximation approximation of						
12.	OFFICERS AND DIRE		13.	re, pared wi	ADDITIONS/CHANGES TO OFFI	DATE
TITLE	C	DELETE	1 1 TIT. E	TOP	ner France C	Change Addition
NAME	BERMAN, LYLE		1.2 NAME	M'	aal Bobun	
STREET ADDRESS	13705 1ST AVENUE NORTH		1.3 STREET AUDRESS	77	0 6, 5th S	troot
CITY-ST-ZIP	PLYMOUTH MN		14 CITY - \$1 - 7/P	11	optins Mus	SERVIZ
TITLE	PDS	DELETE	2 1 TITLE	1-1-1	Opturs Mae	Change Addition
NAME	o'dowd, martin j		2.2 NAME			
STREET ADDRESS	720 SO. 5TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	HOPKINS MN		2.4 O(1) - \$1 - Z(P)			
TITLE	VD	☐ DELETE	3 1 THUE	····		Change Addition
NAME	schussler, steven w		3 2 NAME			
STREET ADDRESS	720 SO. 5TH STREET		3.3 STREET ADDRESS			
CITY - ST - ZIF	HOPKINS MN		3.4 CHY+ST-ZIP			
TITLE	VD	☐ DELETE	4 1 TITLE			Change Addition
NAME	UCAN, ERCU		4.2 NAME			
STREET ADDRESS	720 SO. 5TH STREET		4.3 STREEFFACORESS		60000180)0486 i
CITY-ST-ZIP	HOPKINS MN		4.4 Cl3 v - S3 - ZIP	ļ	-04/30/96010	11035
TITLE	D BOOFFO BARBA	DELETE	5 1 TITLE		***200.00	Change Addition
NAME	ROGERS, DAVID L		5.2 NAME	-		
STREET ADDRESS	720 SO. 5TH STREET		5 3 STREET ADDRESS			
CITY - ST - ZIP	HOPKINS MN		5 4 CITY - ST - ZIP	ļ		
TITLE NAME	d Waller, Joel N	☐ DEFE IE	6 1 TiTLE			Change Addition
STREET ADDRESS	720 SO. 5TH STREET		€ 2 NAME			
CITY-ST-ZIP	HOPKINS MN		6.3 STREET ADDRESS			
	certify that the information supplied with thi	s fil na is voluntarily fumishe	6.4 City - St - ZiF d and does not ou	L	he exemption stated in Section 1197	17/3i/ki Florida Statutos 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 on powered 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 >

TURNAND THEO OR PRINTENAME OF SIGNING OFFICER OR DIRECTOR