

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F 9500005061
 1. Corporation Name
Shelter Corporation

Principal Place of Business: 900 Second Avenue South, Suite 880, Minneapolis, MN 55402
 Mailing Address: 900 Second Avenue South, Suite 880, Minneapolis, MN 55402

3. Date Incorporated or Qualified: 10/18/95
 3a. Date of Last Report
 4. FEI Number: 41-1735738
 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
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26
 22. City & State: 27
 23. Zip: 24, Country: 25
 28. City & State: 27
 29. Zip: 24, Country: 30

9. Name and Address of Current Registered Agent
CARLSON, GARRETT G. SR.
 4501 Tamiami Trail N.
 Suite 216
 Naples, FL 33940

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable): 1330 Galleon Drive
 83.
 84. City: Naples, State: FL, Zip Code: 34102

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Lynn Carlson Schell* DATE: 4-9-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: P	<input type="checkbox"/> DELETE
NAME: Schell, Lynn C	
STREET ADDRESS: 900 Second Avenue South, Suite 880	
CITY-ST-ZIP: Minneapolis, MN 55402	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: Kahn, Richard S.	
STREET ADDRESS: 900 Second Avenue South, Suite 880	
CITY-ST-ZIP: Minneapolis, MN 55402	
TITLE: S	<input type="checkbox"/> DELETE
NAME: Carlson, Garrett Jr.	
STREET ADDRESS: 900 Second Avenue South, Suite 880	
CITY-ST-ZIP: Minneapolis, MN 55402	
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 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 checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Youngberg, Jennifer
4.4 CITY-ST-ZIP	900 Second Avenue South, Suite 880 Minneapolis, MN 55402
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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	

500002173765
 -05/09/97--01120--034
 ***165.00

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: *Lynn Carlson Schell* DATE: 4/4/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Lynn Carlson Schell
 Daytime Phone #: (612) 341-7800

CR2E034 (9/96)