

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

**DOCUMENT # F95000005090 (4)**

1. Corporation Name

**HUNT FRAMERS, INC.**



Principal Place of Business: **4924 IDS TOWER, 80 S. EIGHT ST., MINNEAPOLIS MN 55402**  
 Mailing Address: **4924 IDS TOWER, 80 S. EIGHT ST., MINNEAPOLIS MN 55402**

3. Date Incorporated or Qualified: **10/19/1995**  
 3a. Date of Last Report: [Blank]  
 4. FEI Number: **42-1422037**  
 Applied For: [Blank] / 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: [Blank]  
 2a. Mailing Address: [Blank]  
 21. Suite, Apt #, etc: [Blank]  
 26. Suite, Apt #, etc: [Blank]  
 22. City & State: [Blank]  
 27. City & State: [Blank]  
 23. Zip: [Blank] Country: [Blank]  
 28. Zip: [Blank] Country: [Blank]  
 24. Zip: [Blank] Country: [Blank]  
 25. Zip: [Blank] Country: [Blank]  
 29. Zip: [Blank] Country: [Blank]  
 30. Zip: [Blank] Country: [Blank]

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: [Blank]  
 82. Street Address (P.O. Box Number is Not Acceptable): [Blank]  
 83. [Blank]  
 84. City: [Blank] **FL** 85. Zip Code: [Blank]

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 of Registered Agent required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>STDC</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNTER, SHELLY A</b>	
STREET ADDRESS	<b>4924 IDS TOWER</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>	
TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNTER, JOHN M</b>	
STREET ADDRESS	<b>4924 IDS TOWER</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>	
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

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<i>None</i>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN HUNTER**

*June 29/96*  
 Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

CR2E034 (3/96)