

LING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90040 006 \*\*\*150.00

IT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000005904**

1. Corporation Name  
**MINNESOTA BBC PROPERTY CO.**

Principal Place of Business  
**PO BOX 9312  
MINNEAPOLIS MN 55440-9312**

Mailing Address  
**PO BOX 9312  
MINNEAPOLIS MN 55440-9312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/05/1995**

4. FEI Number  
**41-1788391**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DCEO**  
STREET ADDRESS **SCHULZE, RICHARD M**  
CITY-ST-ZIP **5015 NOB HILL DRIVE  
EDINA MN 55435**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **ANDERSON, BRADBURY H**  
CITY-ST-ZIP **1874 SUMMIT AVE.  
ST. PAUL MN 55101**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **LENZMEIER, ALLEN U**  
CITY-ST-ZIP **322 MISSISSIPPI RIVER BLVD. N.  
ST. PAUL MN 55104-4927**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VT**  
STREET ADDRESS **FOX, ROBERT C**  
CITY-ST-ZIP **18400 JAVA TRAIL  
LAKEVILLE MN 55044**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **956 Stonebrooke Drive**  
4.4 CITY-ST-ZIP **Shakopee, MN 55379**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **MATRE, PATRICK**  
CITY-ST-ZIP **1558 GOODRICH AVE.  
ST. PAUL MN 55105**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VS**  
STREET ADDRESS **JOYCE, JOSEPH M**  
CITY-ST-ZIP **13115 - 37TH AVE. N.  
PLYMOUTH MN 55441**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Margaret Gordon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(612) 947-2000

CR2E034 (1/98)