## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 12 1997 8:00am

Secretary of State

612-546-7902

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

SIGNATURE:

F9600000182 (3)

THE MIKEL INSTITUTE AND CENTER, INC.

SSI CEDAR LAKE RO. ST. LOUIS PARK MN 55418  SET COURT PARK MN 55418  SUITE, APR #, etc. Su										
ST. LOUIS PARK WN 55416  ST. LOUIS PARK WN 55416-487  3. Date Incorporated or Qualified Or Quali	Principal Place	e of Business	Mailing Address			1 (00)(00 (0) (0) (0) (0) (0) (0) (0)			): <b>180</b> :	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25				6-1487						
Suite, Apt. #, etc.  City & State  City & St							01/09/1996			
City & State		ace of Business	—¬				4. FEI Number 41-1741462		<del></del>	
City & State   City &		#, etc.					5. Certificate of Status Desired			
Zip Country 2p	City & State	9	<b>⊢</b> ′							
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  B1 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 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE DPT		Country	Zip	Countr	ry				der s. 199.0	)32,
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  83  84  City  City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  85  City Street Address (P.O. Box Number is Not Acceptable)  86  City  FL  87  Street Address (P.O. Box Number is Not Acceptable)  87  88  Street Address (P.O. Box Number is Not Acceptable)  88  89  City  City  FL  80  City  FL  FL  80  City	24		1	30						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City		9. Name and Address of Curren	t Registered Agent	6.	al Ni		10. Name and Address of New Re	glatered Agent		
1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324   83   84   City   FL   85   Zip Code				8	ין וי	ame				
PLANTATION FL 33324  84 City FL 85 ZIp Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of 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 register agent. I am familiar with, and accept the obligations of Section 617.0503, 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. ITILE  NAME  KELLETT, M. JEAN  STREET ADDRESS  SE21 CEDAR LAKE RD.  1.3 STREET ADDRESS  ST. LOUIS PARK MN 55416  1.4 City  1.2 NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  SE21 CEDAR LAKE RD.  2.3 STREET ADDRESS  CITY-ST-2IP  ITILE  D  DELETE  1.1 TITLE  D  Change  Add  Add  KELLETT, WILLIAM B  STREET ADDRESS  ST. LOUIS PARK MN 55416  1.4 CITY-ST-2IP  ITILE  D  Change  Add  Add  Change  Add  Add  Change  Add  Add  Add  Add  Add  Add  Add  A				82	2 St	reet Addi	ress (P.O. Box Number is Not Acceptab	le)		
### City ### B& Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of control of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registerial agent and title if applicable   (NOTE: Registerial Agent eignenture required when rehelations)   DATE					83					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    The composition of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registers agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE   The composition of the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   The composition of the provisions of Section 617.0503, Florida Statutes.  SIGNATURE   The composition of the provisions of Section 617.0503, Florida Statutes.  SIGNATURE   The composition of the provisions of Section 617.0503, Florida Statutes.  In the composition of the provisions of Section 617.0503, Florida Statutes.  In the composition of the provisions of Section 617.0503, Florida Statutes.  In the composition of the provisions of Section 617.0503, Florida Statutes.  In the composition of the provisions of Section 617.0503, Florida Statutes.  In the composition of the provisions of Section 617.0503, Florida Statutes.  In the composition of the provisions of Section 617.0503, Florida Statutes.  In the composition of the provisions of Section 617.0503, Florida Statutes.  In the composition of the provisions of the provis	PLANIA	110N FL 33324		L						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. J am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. J am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. J am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. J am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. J am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. J am familiar with, and accept the appointment as register agent. J am familiar with, and accept the appointment as register degrees board of directors. I hereby accept the appointment as register agent. J hereby accept the appointment as register degrees board of directors. I hereby accept the appointment as register degrees board of directors. I hereby accept the appointment as register degrees board of directors. I hereby accept the appointment as register degrees board of directors. I hereby accept the appointment as register agent agent and the displacement				8-	4 C	ity		F1 85	Zip Code	
agent. I am familiar with, and accept the obligations of, Section 617-0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	11 Pursuant I	to the provisions of Sections 617 050	2 and 617 1508 Florida Statute	s, the abo	ve-na	med core	poration submits this statement for the p		oina its reals	stered
SIGNATURE    Signature, typed or printed name of registered agent and trife if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	office or re	egistered agent, or both, in the State	of Florida, Such change was a	uthorized t	by the	corpora	tion's board of directors. I hereby accep	t the appointme	ent as regist	ered
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CITY-ST-ZIP  6.4 CITY-ST-ZIP  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	CITY - ST - ZIP									