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FILED
Apr 16 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 # F96000000836 (4)

1. Corporation Name
SUNCOAST GROUP, INC. OF DELAWARE



Principal Place of Business
10400 YELLOW CIRCLE DRIVE
MINNETONKA MN 55343

Mailing Address
10400 YELLOW CIRCLE DRIVE
MINNETONKA MN 55343-9102

3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last Report
4. FEI Number 41-1824095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

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
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	EUGSTER, JACK
STREET ADDRESS	10400 YELLOW CIRCLE DR.
CITY-ST-ZIP	MINNETONKA MN
TITLE	P <input type="checkbox"/> DELETE
NAME	ROSS, GARY A
STREET ADDRESS	10400 YELLOW CIRCLE DR.
CITY-ST-ZIP	MINNETONKA MN
TITLE	V <input type="checkbox"/> DELETE
NAME	COLON, MICHAEL J
STREET ADDRESS	10400 YELLOW CIRCLE DR.
CITY-ST-ZIP	MINNETONKA MN
TITLE	V <input type="checkbox"/> DELETE
NAME	BENIKE, ARCHIE L
STREET ADDRESS	10400 YELLOW CIRCLE DR.
CITY-ST-ZIP	MINNETONKA MN
TITLE	S <input type="checkbox"/> DELETE
NAME	RUEHLE, LINDA A
STREET ADDRESS	10400 YELLOW CIRCLE DR.
CITY-ST-ZIP	MINNETONKA MN
TITLE	ASD <input type="checkbox"/> DELETE
NAME	HOARD, HEIDI M
STREET ADDRESS	10400 YELLOW CIRCLE DR.
CITY-ST-ZIP	MINNETONKA MN

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Keith A Benson
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lawrence A Kurzeka
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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: *James O Narmyr* James O Narmyr 4/ (612) 931-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)