

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

**FILED**

**Mar 21 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 # F96000000898 (4)**

1. Corporation Name  
**SUNDET MANAGEMENT COMPANY**



Principal Place of Business: **7556 WASHINGTON AVENUE SOUTH  
EDEN PRAIRIE MN 55344**  
Mailing Address: **7556 WASHINGTON AVENUE SOUTH  
EDEN PRAIRIE MN 55344-3705**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/22/1996</b>	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>41-1813340</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SUNDET, LELAND N 2351 GULF SHORE BLVD. NORTH #705 NAPLES FL 33940</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	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: \_\_\_\_\_ (b)(3)(C) Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC SUNDET, LELAND N 7556 WASHINGTON AVENUE SOUTH EDEN PRAIRIE MN 55344	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VCEV SUNDET, LOUISE C 7556 WASHINGTON AVENUE SOUTH EDEN PRAIRIE MN 55344	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VSD SUNDET BELFORD, MARY LOU 7556 WASHINGTON AVENUE SOUTH EDEN PRAIRIE MN 55344	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	VTD SUNDET MEEKER, CAROL 7556 WASHINGTON AVENUE SOUTH EDEN PRAIRIE MN 55344	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE	DV SUNDET, DAVID 7556 WASHINGTON AVENUE SOUTH EDEN PRAIRIE MN 55344	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	DV SUNDET, SCOTT A 7556 WASHINGTON AVENUE SOUTH EDEN PRAIRIE MN 55344	<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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:** *Scott A Sundet* **3/19/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)