

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

FILED  
Mar 13 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 # F96000001724 (1)

1. Corporation Name  
**INSTANT WEB, INC.**



Principal Place of Business

**7851 POWERS BLVD  
CHANHASSEN MN 55317**

Mailing Address

**7851 POWERS BLVD  
CHANHASSEN MN 55317-9502**

3. Date Incorporated or Qualified

**04/05/1996**

3a. Date of Last Report

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City & State

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

Zip

Country

**29**

4. FEI Number

**41-0946762**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**ARMISTEAD, JOHN D  
INSTANT WEB, INC.  
211 CHERRY HILL CIR  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **DC**  
STREET ADDRESS **CARLSON, E JEROME**  
CITY-ST-ZIP **6950 GALPIN LAKE RD**  
**EXCELSIOR MN 55331**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **BEDDOR, FRANK JR**  
CITY-ST-ZIP **649 5TH AVE S**  
**NAPLES FL 33940**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **BEDDOR, MICHELLE M**  
CITY-ST-ZIP **1280 GRAND AVE #301**  
**ST PAUL MN 55105**

TITLE ☐ DELETE

NAME **P**  
STREET ADDRESS **GARDELLA, DAVID**  
CITY-ST-ZIP **1230 ORONO OAKS DR**  
**LONG LAKE MN 55358**

TITLE ☐ DELETE

NAME **V**  
STREET ADDRESS **BLOSS, BRADLEY H**  
CITY-ST-ZIP **5170 HOWARDS POINT RD**  
**SHOREWOOD MN 55331**

TITLE ☐ DELETE

NAME **S**  
STREET ADDRESS **CARLSON, H BILL**  
CITY-ST-ZIP **5303 COUNTY RD 6**  
**MAPLE PLAIN MN 55359**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

**ARMISTEAD, JOHN D** 3/10/97 (612) 474-0961

CR2E034 (9/96)