

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002824 (8)
 1. Corporation Name
WARD & WHITEMORE UNIVERSAL FIRE CONSULTANTS, INC

Principal Place of Business PO BOX 475 PRIOR LAKE MN 55372	Mailing Address PO BOX 475 PRIOR LAKE MN 55372
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		29	
21		26		30	
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23		28		32	
24		29		33	
25		30		34	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WARD, JACK A 830 SO THIRD STREET STE #101 JACKSONVILLE BEACH FL 32250				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, JACK A		1.2 NAME		
STREET ADDRESS	3985 CATTAIL POND CIRCLE WEST		1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITEMORE, ROBERT B		2.2 NAME		
STREET ADDRESS	3551 BASSWOOD CIRCLE SW		2.3 STREET ADDRESS		
CITY - ST - ZIP	PRIOR LAKE MN		2.4 CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, DIXIE		3.2 NAME		
STREET ADDRESS	3985 CATTAIL POND CIRCLE WEST		3.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		3.4 CITY - ST - ZIP		
TITLE	PT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITEMORE, PAM		4.2 NAME		
STREET ADDRESS	3551 BASSWOOD CIRCLE SW		4.3 STREET ADDRESS		
CITY - ST - ZIP	PRIOR LAKE MN		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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.

SIGNATURE: Pamela A Whitemore 8/27/98 612-447-8296

CP2E034 (10/97)