

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000004574 (7)

1. Corporation Name
ACG, INC.

Principal Place of Business
6440 FLYING CLOUD DRIVE #101
EDEN PRAIRIE MN 55344

Mailing Address
6440 FLYING CLOUD DRIVE #101
EDEN PRAIRIE MN 55344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1996		3a. Date of Last Report	
21		26		4. FEI Number 41-1820886		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PETERSON, FAYE 4780 BRITTANY DRIVE S., #13 ST PETERSBURG FL 33715				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.

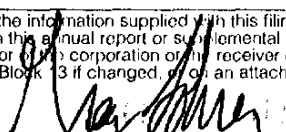
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	PCD
NAME	LOHRENZ, GREG	1.2 NAME	Lohrenz, Greg
STREET ADDRESS	5455 SMETANA DRIVE #1208	1.3 STREET ADDRESS	6025 Clinton Avenue S.
CITY-ST-ZIP	MINNETONKA MN	1.4 CITY-ST-ZIP	Minneapolis, MN 55419
TITLE	VD	2.1 TITLE	
NAME	DETERS, JEFF	2.2 NAME	
STREET ADDRESS	95 MALLARD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LORETTO MN	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	Ely, Kathy
NAME	ELY, KATHY	3.2 NAME	
STREET ADDRESS	5049 RUSSELL AVE S	3.3 STREET ADDRESS	7473 Bent Bow Trail
CITY-ST-ZIP	MPLS MN	3.4 CITY-ST-ZIP	Chanhassen, MN 55317
TITLE	VD	4.1 TITLE	
NAME	DETERS, STEVE	4.2 NAME	
STREET ADDRESS	282 CHERRY HILL TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA MN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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:



8-14-97 612-829-5325

CR2E034 (4/97)