

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006272 (6)

1. Corporation Name
ALWYN COMPANY, INC. OF MINNESOTA



Principal Place of Business PO BOX 940 MANKATO MN 56002	Mailing Address PO BOX 940 MANKATO MN 56002-0940
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3. Date Incorporated or Qualified 12/03/1996	3a. Date of Last Report
4. FEI Number 41-1313601	Applied For <input type="checkbox"/> 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 checked="" 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, SHARON	1.2 NAME	Maurice A. Sween
STREET ADDRESS	HIGHWAY 60 EAST	1.3 STREET ADDRESS	Hwy 60 East
CITY- ST- ZIP	LAKE CRYSTAL MN 56055	1.4 CITY- ST- ZIP	Lake Crystal, MN 56055
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, LARRY	2.2 NAME	John A. Miller
STREET ADDRESS	HIGHWAY 60 EAST	2.3 STREET ADDRESS	Hwy 60 East
CITY- ST- ZIP	LAKE CRYSTAL MN 56055	2.4 CITY- ST- ZIP	Lake Crystal, MN 56055
TITLE	TS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec/Tres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINKER, ALLEN	3.2 NAME	Sharon Hancock
STREET ADDRESS	HIGHWAY 60 EAST	3.3 STREET ADDRESS	Hwy 60 East
CITY- ST- ZIP	LAKE CRYSTAL MN 56055	3.4 CITY- ST- ZIP	Lake Crystal, MN 56055
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEEN, MAURICE A	4.2 NAME	
STREET ADDRESS	HIGHWAY 60 EAST	4.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CRYSTAL MN 56055	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 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: Sharon Hancock Date: 4-25-97 Daytime Phone: 507/726-2400

CR2E034 (9/96)