## #3101 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

HOLCK, DENISE J.A.

206 8TH STREET

DES MOINES (A



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

## F96007 NORWEST FINANCIAL CREDIT SERVICES, INC. Principal Place of Business Mailing Address % MANLEY C. HALL MANLEY C. HALL 206 EIGHTH ST 206 EIGHTH ST DO NOT WRITE IN THIS SPACE DES MOINES FL 50309 DES MOINES FL 50309 3. Date Incorporated or Qualified 08/18/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 42-1185596 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DRUMHELLER, J. F. **250 INTERNATIONAL PARKWAY** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 148** 83 **HEATHROW FL 32746** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of rege fored agent and line if applicable (NOTE: Registrated Agent signature required when reinstating) CR2E034 (10/97 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 LILE TITLE WAGNER, STEVE R. NAME 1.2 NAME 206 8TH STREET STREET ADDRESS 1.3 STREET ADDRESS **DES MOINES IA** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change TORKELSON, ERIC NAME 2.2 NAME 206 8TH STREET STREET ADDRESS 2 3 STREET ADDRESS **DES MOINES IA** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE POETTING, GARY M. 3.2 NAME NAME 206 8TH ST STREET ADDRESS 3.3 STREET ADDRESS **DES MOINES IA** CITY - ST - ZIP 34. CITY-\$1-ZIP DELETE Addition 4 1 10 LE Change TITLE -WEILAND DENISE A. NAME 4. 2 NAME 206 8TH STREET STREET ADDRESS 4.3 STREET ADDRESS **DES MOINES IA 50309** 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5.1 THEF Change Addition KUNZ, FAYE L. NAME 5.2 NAME 206 8TH STREET STREET ADDRESS 5.3 STREET ADDRESS DES MOINES IA CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition TITLE 6.1 TITLE Treasurer

CITY-ST-ZIP DES MOINES IA 50309

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 amount 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.

6.3 STREET ADDRESS

6.2 NAME

Denise A. Wieland

Matera, Michael J.

206 Eighth Street