

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90033 016 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000000973**

1. Corporation Name  
**RADISSON WORLDWIDE INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**600 CORPORATE DR #410 FT LAUDERDALE FL 33334** **ATTN: TAX DEPT/P O BOX MINNEAPOLIS MN 55459-250 US**

3. Date Incorporated or Qualified  
**02/24/1997**

4. FEI Number **41-1853211** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  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 25 29 30

**9. Name and Address of Current Registered Agent**

**COPROLITE CORPORATION**  
**1 SE 3RD AVE #1400A**  
**MIAMI FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, CURTIS L	
STREET ADDRESS	12755 HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, CURTIS	
STREET ADDRESS	12755 HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STAGE, BRIAN C	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAMANN, DARREL M	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DIRACLES, JOHN M JR	
STREET ADDRESS	12755 HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZAMBRENO, ROBERT	
STREET ADDRESS	12755 HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marilyn C. Nelson	
1.3 STREET ADDRESS	12755 State Hwy 55	
1.4 CITY-ST-ZIP	Minneapolis MN 55441	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: DARREL M. HAMANN Darrel M. Hamann 4-27-99 612-212-2920

CR2E034 (11/98)