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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000005618 (0)

MINNESOTA SBR, INC.

FILED Apr 20 1998 8:00am Secretary of State



| Principal Place of Business 2116 SECOND AVENUE SOUTH MINNEAPOLIS MN 55404 | | М | Mailing Address 2116 SECOND AVENUE SOUTH MINNEAPOLIS MN 55404 | | | | A 1021/25 (1/2 101/1021/ 2 | | |
|---|---|----------------|---|-------------|----------|---------------------------------------|--|--|--|
| | | | | | | | · | | |
| | | k | | | | | DO ALOT MOTE IN THE ORACE | | |
| | | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | 3. Date Incorporated or Qualified 10/24/1997 | | |
| 2. Principal P | lace of Business | 28. | , Mailing Address | | | | 4. FEI Number Applied For | | |
| 21 | | 26 | 26 6455 E. JOHNS XING. | | | ING. | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | · · · · · · · · · · · · · · · · · · · | - \$9.75 Additional | | |
| 22 | | 27 | SUITE 285 | | | | Certificate of Status Desired Fee Required | | |
| City & Stat | О | | City & State | • | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | DULUTH, GA | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | | Zip | | untry | , | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | 29 | 30097 | 30 U | SA | | Personal Property Tax due June 30. Yes No | | |
| | 9. Name and Address of Curre | nt Regis | stered Agent | | 1_ | , | 10. Name and Address of New Registered Agent | | |
| | JRDOCK, RICK | | | | 81 | Name | e | | |
| 980 N. FEDERAL HIGHWAY, SUITE 410 | | | | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) | | |
| BO | CA RATON FL 33432 | | | | L | | | | |
| | | | | | 83 | | | | |
| | | | | | 84 | City | FI 85 Zip Code | | |
| 11 Purcuant | to the provisions of Sections 607.05 | O and 6 | 607 1508 Florida Statu | tor the | abov. | - named | | | |
| office or r | egistered agent, or both, in the Stat | e of Flori | da. Such change was | authorize | ed by | the corp | od corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered | | |
| | m tamiliar with, and accept the oblig | gations o | 1, Section 607,0505, F | iorida Sta | atutes | 3. | | | |
| SIGNATURE | Signature, typed or printed name of registered as | gent and title | il applicable (NO | TE Register | ed Age | ent signature | ure required when reinstating) DATE | | |
| 12. | OFFICERS AF | ND DIREC | CTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | CEOD | | ☐ DELETE | 1.11 | TITLE | | D Change X Addition | | |
| NAME | RASMUSSEN, BRUCE A | | | 1.21 | NAME | | BARBARA J. STEEN | | |
| STREET ADDRESS | 2116 SECOND AVENUE SO | UTH | | 1.3 9 | STREET | ADDRESS | 2116 SECOND AVE. SOUTH | | |
| CITY-ST-ZIP | MINNEAPOLIS MN 55404 | | | 1.4 (| CITY-S | T-ZIP | MINNEAPOLIS, MN 55404 | | |
| TATLE | CFO | | DELETE | 2.1 | TŧTLE | Ì | Change Addition | | |
| NAME | ERICKSON, DIANE | | | 2.2 1 | NAME | | | | |
| STREET ADDRESS | 2116 SECOND AVENUE SO | UTH | | 2.3 5 | STAEET | ADDRESS | 5 | | |
| CITY-ST-ZIP | MINNEAPOLIS MN 55404 | | | 2.4 | CITY-5 | ST-ZIP | | | |
| TITLE | COO | | DELETE | 3.11 | IITLE | | Change Addition | | |
| NAME | STEEN, BARBARA J | | | 3.2 1 | NAME | ŀ | | | |
| STREET ADDRESS | 2116 SECOND AVENUE SO | UTH | | 3.3 5 | STREET | ADDRESS | 3 | | |
| CITY-ST-ZIP | MINNEAPOLIS MN 55404 | | | 3.4. | CITY - S | ST-ZIP | | | |
| TiTLE | D | | DELETE | 4.11 | HTLE | | Change Addition | | |
| NAME | Steen, david e sr | | | 4. 2 | NAME | | | | |
| STREET ADDRESS | 2116 SECOND AVENUE SO | UTH | | 4.3 \$ | STREET | ADDRE\$S | 3 | | |
| CITY-ST-ZIP | MINNEAPOLIS MN 55404 | | | 4.4 0 | CITY-S | T- 21P | | | |
| TITLE | D | | DELETE | 5.1 T | ITLE | | ☐ Change ☐ Addition | | |
| NAME | Bruggeman, William L Si | | | 5.2 N | IAME | | | | |
| \$TREET ADDRESS | 2116 SECOND AVENUE SO | UTH | | 5.3 9 | STREET | ADDRESS | | | |
| CITY-ST-ZIP | MINNEAPOLIS MN 55404 | | · | 540 | CITY-S | T-ZIP | · · | | |
| TITLE | | | ☐ DELETE | 61 T | | | ☐ Change ☐ Addition | | |
| NAME | | | | 621 | IAME | | | | |
| STREET ADORESS | | | | 1 | | ADDRESS | | | |
| CITY-S1-ZIP | | | | | CITY-S | | | | |
| | | | | | | | <u> </u> | | |

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 13 if changed, or on an attackmonth with an address.

SIGNATURE:

4/13/98

612-870-9792