

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

001236

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90116 044 ***150.00

DOCUMENT # F97000005618

1. Corporation Name

MINNESOTA SBR, INC.



Principal Place of Business
2116 SECOND AVENUE SOUTH
MINNEAPOLIS MN 55404

Mailing Address
6455 E JOHNS XING. #285
DULUTH GA 30097
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

41-1859804

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MURDOCK, RICK
980 N. FEDERAL HIGHWAY, SUITE 410
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
RASMUSSEN, BRUCE A
2116 SECOND AVENUE SOUTH
MINNEAPOLIS MN 55404 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARBARA J STEEN
2116 SECOND AVENUE SOUTH
MINNEAPOLIS MN 55404 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
STEEN, BARBARA J
2116 SECOND AVENUE SOUTH
MINNEAPOLIS MN 55404 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEEN, DAVID E SR
2116 SECOND AVENUE SOUTH
MINNEAPOLIS MN 55404 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUGGEMAN, WILLIAM L SR
2116 SECOND AVENUE SOUTH
MINNEAPOLIS MN 55404 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition
Secretary

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition
Vice President, Director

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Bruce Rasmussen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

612-870-9792

Daytime Phone #

CR2E034 (1/1/98)