

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F97000005661**

1. Corporation Name
WELSH FLORIDA, INC.

Principal Place of Business

**255 S ORANGE AVE
13TH FL
ORLANDO FL 32801
US**

Mailing Address

**8200 NORMANDALE BLVD., STE. 200
MINNEAPOLIS MN 55437**

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90028 017 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

41-1889469

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.



Yes



No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	CCEO	<input type="checkbox"/> DELETE
NAME	DOYLE, DENNIS J	
STREET ADDRESS	8200 NORMANDALE BLVD., STE. 200	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, RICHARD M	
STREET ADDRESS	8200 NORMANDALE BLVD., STE. 200	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KANE, JEAN V	
STREET ADDRESS	8200 NORMANDALE BLVD., STE. 200	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAWRENCE, SUSAN H	
STREET ADDRESS	8200 NORMANDALE BLVD., STE. 200	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C, CEO, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Doyle Dennis J	
1.3 STREET ADDRESS	8200 Normandale Rd, Ste 200	
1.4 CITY-ST-ZIP	Minneapolis MN 55437	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

612 897 7111

Daytime Phone #

CR2E034 (5/99)

0119565