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 # F98000004519

ESCO (EAR SERVICE COMPANY), INC.

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90007 047 \*\*\*550.00



Principal Place	e of Business	Mailing Address					
3650 ANNAPOLIS LANE SUITE 107 PLYMOUTH MN 55447		3650 ANNAPOLIS LANE SUITE 107 PLYMOUTH MN 55447					
						DO NOT WRITE IN THIS SPACE	,
						3. Date Incorporated or Qualified	
						08/10/1998	
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26			41-1894067 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Additional		
22		27			5. Certificate of Status Desired Fee Required	Ì	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country			ntry		8. This corporation owes the current year	
24	25	29	30			Intangible Personal Property. Yes No	
24	9. Name and Address of Current	_ <del></del>	1001			10. Name and Address of New Registered Agent	
	o, Namo and Address of Contract			81	Name		
СТ	CORPORATION SYSTEM		L				
1200 SOUTH PINE ISLAND ROAD			82 Street A		Street Addre	ess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			}	83		71/4	1
, , ,				63			ĺ
			1	84	City	85 Zip Code	1
				} }	•	<b></b>	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	es, the abo	ove-n	amed corpor	ation submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a itions of, section 607,0505, Flo	aumonzeo orida Statu	ו עט ג utes.	ne corporado	on's board of directors. Thereby accept the appointment as registered	
SIGNATURE							1
	Signature, typed or printed name of registered agen	t and title if applicable. (No	OTE: Register	red Age	ent signature requi	ired when reinstating) DATE	16
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	0
TITLE	P	DELETE	1,1 TIT	re.	}	Change Addition	1 4
NAME	TURNER, PAUL		1.2 NA	ME			200
STREET ADDRESS	14238 TOWERS LANE		1.3 STR	REETA	DORESS		ļ
CITY-ST-ZIP	EDEN PRAIRIE MN 55347		1.4 CIT	TY-ST-Z	ZIP		Š
TITLE	VTS	DELETE	2,1 TIT			Change Addition	_
NAME	DITT. CD. 101111		2.2 NA	ME			
STREET ADDRESS	TOOL ONE SHEET		1.	2.3 STREET ADDRESS			١
í	MINNEAPOLIS MN 55419		2.4 CIT		i		
CITY-ST-ZIP	D	Постор	3,1 TIT		<u> </u>	Change Addition	ĺ
TITLE		L DELETE	1			Change Addition	1
NAME	STONE, CHARLES		3.2 NAI				
STREET ADDRESS	8638 GRIER LANE				DDRESS		
CITY-ST-ZIP	EDEN PRAIRIE MN 55347	<del></del>	3.4 CIT		ZIP		1
TITLE		DELETE	4,1 TIT			Change Addition	
NAME			4.2 NA	ME	1		
STREET ADDRESS			4.3 STF	REETA	DORESS		
CITY-ST-ZIP			4,4 CIT	TY-ST-Z	ZIP		
TITLE		DELETE	5.1 TIT	TLE.		Change Addition	
NAME	,	<del>-</del>	5.2 NA	ME		'	Ì
1	1		5 2 CT	REETA	DDRESS		1
STREET ADDRESS			33316				i
i			5.4 CIT		ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE		TY-ST-Z	ZIP	Change Addition	
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT	TY-ST-Z TLE	ZIP	Change Addition	
CITY-ST-ZIP TITLE NAME		DELETE	5.4 <u>CIT</u> 6.1 TIT 6.2 NAI	TY-ST-Z TLE IME		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.4 CIT 6.1 TIT 6.2 NAI 6.3 STF	TY-ST-Z TLE ME REET A	DORESS	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	prify that the information sumplied with	_	5.4 CIT 6.1 TIT 6.2 NAI 6.3 STF 6.4 CIT	TY-ST-Z TLE IME REET A TY-ST-Z	DORESS ZIP	Change Addition  ion 119.07(3)(i), Florida Statutes. I further certify that the information	

4. 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

Date

Daytime Phone #