

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H88793 (5)

1. Corporation Name
THOEMKE MANAGEMENT, INC.



Principal Place of Business
**P.O. BOX 14105
WORLD TRADE CENTER
ST. PAUL MN 55114
US**

Mailing Address
**P.O. BOX 14105
ST. PAUL MN 55114-0105
US**

3. Date Incorporated or Qualified **12/09/1985** 3a. Date of Last Report **01/24/1996**

2. Principal Place of Business
21 **1380 Duckwood Drive** 26 **P.O. Box 21517**

4. FEI Number **59-2657335** Applied For Not Applicable

22. State, Apt #, etc. 27. State, Apt #, etc.

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

23. City & State **EAGAN, MN** 28. City & State **EAGAN, MN**

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

24. Zip **55123** 25. Country **US** 29. Zip **55121** 30. Country **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERMAN, PAUL M., ESQ.
4382 NORTHLAKE BOULEVARD
SUITE 204
PALM BEACH GARDENS FL 33410**

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	P <input type="checkbox"/> DELETE
NAME	THOEMKE, JOSEPH
STREET ADDRESS	2418 UNIVERSITY AVE. 1380 DUCKWOOD DR
CITY-ST-ZIP	ST. PAUL MN EAGAN, MN 55123
TITLE	S <input type="checkbox"/> DELETE
NAME	THOEMKE, CATHERINE
STREET ADDRESS	2418 UNIVERSITY AVENUE 1380 DUCKWOOD DR
CITY-ST-ZIP	ST. PAUL MN EAGAN, MN 55123
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 21517 EAGAN, MN 55121
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. Box 21517 EAGAN, MN 55121
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 do 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: _____ Date **3/14/97** Daytime Phone **62 676-5300**

CR2E034 (9/96)