

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY 16 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L 80673

1. Corporation Name
Intrascor Corporation

Principal Place of Business Mailing Address
**640 Arvida Parkway
Coral Gables, FL
33156** **c/o AAI
P.O. Box 610
Chanhassen, MN
55317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/90** 3a. Date of Last Report **02/07/94**

2. Principal Place of Business 2a. Mailing Address
21 640 Arvida Parkway **26 c/o AAI**

4. FEI Number **593018484** Applied For Not Applicable

Suite, Apt. #, etc. 27 P.O. #, etc.
22 **27 P.O. 610**

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

City & State 28 City & State
23 Coral Gables, FL **28 Chanhassen, MN**

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

24 33156 25 USA 29 55317 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Alfred A. Iversen
640 Arvida Parkway
Coral Gables, FL
33156**

81 Name **N/A**
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 the 7 block address)

(NOTE: Registered Agent signature required when necessary)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President**
NAME **A.A. Iversen**
STREET ADDRESS **640 Arvida Parkway**
CITY ST ZIP **Coral Gables, FL 33156**

11 TITLE Change Addition
12 NAME **500001493055**
13 STREET ADDRESS **-05/18/95--01026--008**
14 CITY ST ZIP ******200.00 ****200.00**

TITLE **N/A**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **N/A**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE **N/A**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE **N/A**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE **N/A**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I do not qualify for the exemption stated in Section 110.07(3)(A), 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 007, Florida Statutes, and that my name appears as Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:
SIGNATURE AND THE FULL PRINTED NAME OF FILING OFFICER OR DIRECTOR
Alfred A. Iversen

1st signed 2-15-95
5-6-95 612-470-0866