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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L80673 (1)

1. Corporation Name INTRASCOR CORPORATION



Principal Place of Business: 640 ARVIDA PARKWAY CORAL GABLES FL 33156; Mailing Address: C/O AAI P.O. BOX 610 CHANHASSEN MN 55317

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/15/1990; 3a. Date of Last Report: 05/16/1995; 4. FEI Number: 59-3018484; 5. Certificate of Status Desired; 6. Election Campaign Financing; 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

9. Name and Address of Current Registered Agent: IVERSEN, ALFRED A. 640 ARVIDA PARKWAY CORAL GABLES FL 33156; 10. Name and Address of New Registered Agent (81-85).

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (Signatures of Officers and Directors and New Registered Agent)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Each row includes fields for Title, Name, Street Address, and City-St-Zip, with checkboxes for 'DELETE', 'Change', and 'Addition'.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 (612-470-0866)

CR2E034 (12/95)