


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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03253** (2)
1. Corporation Name
MINNESOTA GRIFFITHS CORPORATION

Principal Place of Business 10659 ROCKET BLVD ORLANDO FL 32824 US	Mailing Address 3030 HARBOR LN N STE 100 PLYMOUTH FL 55447 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 2717 NIAGARA LN N 27 Suite, Apt #, etc. 28 City & State 29 PLYMOUTH MN 30 Zip Country 31 55447-4844 HENNEPIN		3. Date Incorporated or Qualified 09/04/1984	
		4. FEI Number 41-0871902		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	DTC
NAME	GRIFFITHS, HAROLD F.	1.2 NAME	
STREET ADDRESS	3030 HARBOR LN N STE 100	1.3 STREET ADDRESS	2717 NIAGARA LN N
CITY-ST-ZIP	PLYMOUTH MN	1.4 CITY-ST-ZIP	PLYMOUTH MN 55447-4844
TITLE	VD	2.1 TITLE	DP
NAME	GRIFFITHS, KEITH A.	2.2 NAME	
STREET ADDRESS	3030 HARBOR LN N STE 100	2.3 STREET ADDRESS	2717 NIAGARA LN N
CITY-ST-ZIP	PLYMOUTH MN	2.4 CITY-ST-ZIP	PLYMOUTH MN 55447-4844
TITLE	S	3.1 TITLE	VS
NAME	ROBINSON, HENRY	3.2 NAME	
STREET ADDRESS	3030 HARBOR LN N STE 100	3.3 STREET ADDRESS	2717 NIAGARA LN N
CITY-ST-ZIP	PLYMOUTH MN	3.4 CITY-ST-ZIP	PLYMOUTH MN 55447-4844
TITLE	VD	4.1 TITLE	DP
NAME	GRIFFITHS, KENNETH H.	4.2 NAME	
STREET ADDRESS	3030 HARBOR LN N STE 100	4.3 STREET ADDRESS	2717 NIAGARA LN N
CITY-ST-ZIP	PLYMOUTH MN	4.4 CITY-ST-ZIP	PLYMOUTH MN 55447-4844
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] Secretary 3-24-98

CR2E034 (10/97)