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FILED
May 05 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 # P04406 (5)
 1. Corporation Name
MIMLIC SALES CORPORATION



Principal Place of Business: **400 NORTH ROBERT STREET ST. PAUL MN 55101**
 Mailing Address: **400 NORTH ROBERT STREET ST. PAUL MN 55101-2015**

3. Date Incorporated or Qualified: **12/19/1984**
 3a. Date of Last Report: **04/23/1996**
 4. FEI Number: **41-1486060**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25
 2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS E. PROHOFSKY	1.2 NAME	
STREET ADDRESS	765 E. MONTANA	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERICK R. BLACK	2.2 NAME	
STREET ADDRESS	3634 11TH AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET M. MILOSEVICH	3.2 NAME	
STREET ADDRESS	2801 WEXFORD HGTS. LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRIGHTON MN	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUPPERT, BARDEA C.	4.2 NAME	P/D
STREET ADDRESS	417 N. LOCUST STREET	4.3 STREET ADDRESS	Connolly, George I.
CITY-ST-ZIP	PRESCOTT WI	4.4 CITY-ST-ZIP	1193 Rockstone Lane
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, THOMAS L	5.2 NAME	AS
STREET ADDRESS	W. 10546 880TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER FALLS WI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AS
STREET ADDRESS		6.3 STREET ADDRESS	Berg, Margaret A.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5215 Portland Avenue South
			Minneapolis, MN 55417

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: *Thomas L. Clark* **Thomas L. Clark, Ass't Secretary 4/24/97 612-223-4306**

CR2E034 (9/96)