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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90124 030 \*\*\*150.00

## **DOCUMENT # P23322**

1. Corporation Name

SALUS REAL ESTATE, INC.

								( 100;100) 110 (1000	1f100 tilf9 11010 1181	. 01011 8/81	: BIRII 01.	BII BIBI	) <b>B</b> 1811 (841
Principal Place	of Business	Mailing /	ng Address				Ī						
% GRAND METROPOLITAN INCORPORATED 200 SOUTH SIXTH STREET. MSB8X3 MINNEAPOLIS MN 55402		200 SOUT	% Grand Metropolitan incorporated 200 South Sixth Street, MS08X3 Minneapolis MN 55402					DO	NOT WRITE IN	THIS S	SPACE		
MINNEAPQUO I	N 339UZ	MIRACALL	JEIS WIN SSACE				3	3. Date Incorporated of 03/08/1989					
2. Principal P	lace of Business	2a. Maili	ng Address				4	4. FEI Number			$\Box$		ied For
21		26						22-2428613 Not Applica					
Suite, Apt.	#, etc.	<b>—</b>	Suite, Apt. #, etc.				5	5. Certifcate of Status	Desired		•	5 Ad Requ	ditional
22		27 City	City & State										
City & State	3 		28				====	Election Campaign.  Trust Fund Contribu	tion		ا.وردِ <u> </u>	uu m led ta	lay.Be∗  Fees
Zip	Country		Zip Country					8. This corporation owes the current year Intangible					
24	25	29	29 30				Personal Property Tax.						
	9. Name and Address of Curre	nt Registered	Agent				10	0. Name and Address	of New Regis	tered A	gent		
CT C	ORPORATION SYSTEM				81	Name							l
1200 S. PINE ISLAND ROAD					82	Street A	Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324			83										
	10000				65								
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				84	City		_		FL	85 2	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	08, Florida Statu	tes, the a	DOVE	e-named o	corporati	ion submits this statem	ent for the purp	ose of c	hanging	its re	egistered
-46 or r	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Su	on change was a	コレリアロハロフロハ	nv	the como	oration's i	board of directors, i ne	reby accept the	appoint	ment a:	s regis	Steled
SIGNATURE													
	Signature, typed or printed name of registered age		<u> </u>		Agen	t signature re	required wher	reinstating) ADDITIONS/CHANGI		ATE	NIDE	CTOB	C IN 12
12.	PD OFFICERS AF	ND DIRECTOR	DELETE	13.	16	<del></del>		ADDITIONS/CHANGI	ES TO OFFICE	NO AINL	Chan		Addition
.TITLE NAME	WALSH, PAUL S		La DECETE	1.2 N								<b>J</b> -	
STREET ADDRESS	200 SOUTH SIXTH STREET			- 1		ADDRESS	1						
CITY-ST-ZIP	MINNEAPOLIS MN			1.4 CI		1							
TITLE	V		<b>X</b> XDELETE	2.1 Tr			AS				☐ Char	ıge	X Addition
NAME	SCHMITT, DAVID			2.2 NA	ME			UE, ALICE P.		•			
STREET ADDRESS	200 SOUTH SIXTH STREET			2.3 \$1	REET			SOUTH 6TH ST					
CITY-ST-ZIP	MINNEAPOLIS MN			2.4 C			1	<u>EAPOLIS, MN</u>	<u>55402</u>				- Addition
TITLE	VSD		XX DELETE	3.1 1⊤		1	IAS		•		☐ Chan	ige	Addition
NAME	JENKO, JEROME J   200 SO 6 STR			3.2 N/				E MILLER	חרו-ד				
STREET ADDRESS	MINNEAPOLIS MN			3.4. C				SOUTH 61H ST					
TITLE	AT		DELETE	4.1 TI		11-211	TIALT TAIME	EAPOLIS, MN_	55402		Char	nge	☐ Addition
NAME	POPPELE, DONALD R		_	4. 2 N									
STREET ADDRESS	200 SOUTH SIXTH STREET			4.3 S1	REET	ADDRESS	}						l
CITY-ST-ZIP	MINNEAPOLIS MN			4.4 CI	TY-S	T-ZIP							
TITLE	V		XXDELETE	5.1 TI							Char	nge	Addition
NAME	DAVID, LAUREY			5.2 N									
STREET ADDRESS	200 SOUTH SIXTH STREET			1		ADDRESS							,
CITY-ST-ZIP	MINNEAPOLIS MN		XXDELETE	5.4 CI 6.1 TT		T-ZIP			<del></del>		☐ Char		Addition
TITLE	AS WALTERS INCL		- Δ.Δ. DELETE	6.2 N								-yu	ing receipting
NAME	WALTERS, JOEL		Λ			L ADDRESS							

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 supplementa/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 of trystee 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, with all other like empowered.

6.4 CITY-ST-ZIP

XSIGNATURE:

CITY-ST-ZIP

MINNEAPOLIS MN