

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

FILED
Apr 30 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 # P30193 (7)
 1. Corporation Name
CHARLOTTE HOSPITALITY EMPLOYER, INC.



Principal Place of Business 12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441	Mailing Address P. O. BOX 59159 ATTN: TAX DEPT. MINNEAPOLIS MN 55459-8200 US
---	--

3. Date Incorporated or Qualified 07/18/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 56-1153240	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NORLANDER, JOHN	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERKWITZ, ROBERT S.	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAMANN, DARREL	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLSON, C. L.	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOGAN, GERALD W	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	DIRACLES, J. M. J	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & CEO & Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jay Witzel	
1.3 STREET ADDRESS	12755 State Hwy 55	
1.4 CITY-ST-ZIP	Minneapolis MN 55441	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: _____ Hamann, VP - Tax 4-17-97 612-540-5883

CR2E034 (9/96)