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

PROFIL CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P31278

(5)

MIDLAND INFORMATION SYSTEMS, INC.

Principal Pace of Business Mailing Address 10351 WEST 70TH STREET 10351 WEST 70TH STRIEDEN PRAIRIE MN 55344 EDEN PRAIRIE MN 5534								
		•			3. Date Incorporated or Qualified 10/05/1990	3a. Date of 02/20/1		eport
	Place of Business	2a, Mailing Address			4. FEI Number			oplied For
21	# .cdc	Suite, Apt #, etc.			41-1412937	ė.	·	ot Applicable Additional
Suite, Apr.	#, 4:10:	27 Some, Apr #, etc.			5. Certificate of Status Desired		Fee Re	
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State		, , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing	\$	5.00	May Be
23		28			Trust Fund Contribution			to Fees
Ζφ	Country	Zip	├ ──┐	ntry	8. This corporation has liability for			. 199.032,
24	25] 9, Name and Address of Current i	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No		
CIAN		registered Agent		81 Name		Signal or Ligari		
	enson, C T Wekia Springs Road			اه	WENSON, C.T.			
	TE 222				ress (P.O. Box Number is Not Acceptat NT_CLUB_BLVD.	ie)		
	NGWOOD FL 32779			83 Z33 RUI	NT CTOP BUAD*	» « « « « « « « « « « « « « « « « « « «		
	10,1000 12 02,10			84 City		loc	Zip (Codo
				LONGWO	OD	FL °°		779
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of an familiar with, and accept the obligation	Fforida Such change was ons of, Section 607.0505, F	authorize Torida Sta	d by the corporal utes.	tion's board of directors. I hereby accep	ot the appointm	nging iti nent as	s registered registered
12.	Styrical system protect mank or registered agent. OFFICERS AND		DTE Rogistere 13.	d Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE TERS AND DIR	ECTOR	S IN 12
Tille	PTD	DELETE	1.1]	n e	ADDITIONS/OFFANGES TO OFFIC		Change	Addition
NAME	SWENSON, C. TERRY	Emily Wilder	1.2 N			······ \	/ na · g ·	
STREET ADDRESS	800 SWEETWATER CLUB BLVD			REET ADDRESS				
COTY-ST-7IP	LONGWOOD FL 32779			TY-S1-ZIP				
Tille	SD DELETE		217				Change	Addition
NAM*E	SWENSON, DONNA MAE		22 N	AME				
SURELL ADDRESS	800 SWEETWATER CLUB BLVD		235	REET ADDRESS	; .			
CITY - ST - 7c2	LONGWOOD FL		2 4 0	HTY-ST-ZIP				İ
191¢F		DELETE	31 T		**************************************		Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			338	IREET ADDRESS				
OTY-ST-7 P			3 4. 0	ITY-ST-ZIP				
T TLE		☐ DELETE	4.1 7	TLE			Change	Addition
NAME			4.21	IAME				
STREET ADDRESS			4.3 S	IREET ADDRESS				
CD y - 51 - 2il			4.4 C	TY-\$1-ZIP				
TITLE		☐ DELETE	5.1 Ti	TLE		L) (Change	Addition
NAME			52 N	AME				
\$THEFT ADDRESS			538	TREET ADDRESS				
Cilly St. 7th		1		TY-\$1-2/P				
TIPLE		L' DEFETE	6.1 1	- 1		□(Change	Addition
N4ME			6.2 N	AME				
CAMERA AND OTHER	1		200	Inter Apported				

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Lob hereby certify that the information supplied with this filing does not quality 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 only attachment with an address.

FILED

Feb 24 1997 8:00am

Secretary of State