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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P36925

(6)

**FILED** May 12 1997 8:00am Secretary of State

Principal Prace of Business Mailing Address  1890 WOODLANE DRIVE P.O. BOX 64420  WOODBURY MN 55125 ST. PAUL MN 55164-0420 US									
					Date Incorporated or Qualified     01/03/1992	J .	ate of Last 21/1996	•	
Principal F	lace of Business	2s. Mailing Address			4. FEI Number			Applied For	
ac in the common term		26			36-3586532			Not Applicat	
iuite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	ficate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	0	City & State			6. Election Campaign Financing	["]		0 May Be	
Zip	Country	28 Zip	Coun	ntrv	Trust Fund Contribution  8. This corporation has liability for	. intendible		d to Fees	
	25	29	30	~·· <b>,</b>			∏ No	8 199.032	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New P	registered	Agent		
THE	PRENTICE-HALL CORPORATION	SYSTEM INC.	1	81 Name	\ <u></u>				
	1 HAYS STREET		ļ,	82 Street Add	dress (P.O. Box Number is Not Accepte	able)			
	TE 105								
TAL.	LAHASSEE FL 32301			83					
			Ī	84 City	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	FL	<b>85</b> Zi	p Code	
D. ner cont	to the provisions of Sections 607 0502	nod 607 1509 Florida Stat	utoe the ab	ove named nor	rooration submits this slatement for the		f changing	ite engieto	
	to the provisions of Sections 607,0502 egistered agent, or both, in the State or refamiliar with, and accept the obligation of the state of the st	and title if approable (NC			uired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	***************************************		
INATURE	Signature, typod or protess can ellof tegistered agon OFFICERS AND	t and title #applicable (NC) DIRECTORS	OTE: Registered	Agent signature requ	uired when feinstating)	DATE	DIRECTO	ORS IN 12	
NATURE	Stgrature, typod or priction can end tegistered agen	and title if approable (NC	OTE Registered	Agent signature requ	uired when feinstating)	DATE	***************************************	ORS IN 12	
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