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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000021174 (6)**

1. Corporation Name
MARAFINANCIAL, INC.

Principal Place of Business	Mailing Address
1455 W BUSCH BLVD P.O. BOX 280340 TAMPA FL 33682-0340 US	1455 W BUSCH BLVD P.O. BOX 280340 TAMPA FL 33682-0340 US

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business
21 101 E. Fifth Street
Suite, Apt. #, etc.
22 Suite 204
City & State
23 Northfield, MN
Zip 24 55057 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 58-2919038 ☐ 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

9. Name and Address of Current Registered Agent

KARVONEN, DANIEL S II
1455 W BUSCH BLVD
P.O. BOX 280340
TAMPA FL 33682

10. Name and Address of New Registered Agent

81 Name: Daniel S. Karvonen
82 Street Address (P.O. Box Number is Not Acceptable): 16019 Saddlebrook Drive
83
84 City: Tampa FL 85 Zip Code: 33618

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: Daniel S. Karvonen, Chairman 9/16/97
Signature, Typed or Printed Name of Individual and Capacity or Title if Applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO KARVONEN, DANIEL S 1455 W BUSCH BLVD 16019 Saddle TAMPA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CFO/D Karvonen, Daniel S. 1051 Madison Avenue Mankato, MN 56002 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOON, DEAN L 3987 PACES FERRY DR ATLANTA GA 30339	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO JOHSNON, DUANE E. P.O. BOX 4009 NA MANKOTA MN	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	P/CEO/D Herzog, Fred 101 E. Fifth Street, Ste. 204 Northfield, MN 55057 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Daniel S. Karvonen Chairman 9/16/97