

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

#2488
200
15487
32302-1500

DOCUMENT # P93000045667 (1)

1. Corporation Name

ORLANDO FASHION WILSONS, INC. #2488



Principal Place of Business

3201 E. COLONIAL DR. D-46
ORLANDO FL 32803
US

Mailing Address

400 HWY 169 SO.
SUITE 600
MINNEAPOLIS MN 55426
US

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when replacing

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
DAVID, ROGERS
2208 HUNTINGTON PT
WAYZATA MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

C
WALLER, JOEL
1201 YALE PLACE #1306
MINNEAPOLIS MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

S
JOHNSON, BRAD
10760 55TH PLACE N
PLYMOUTH MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

T
TREFF, DOUGLAS
4230 WASHBURN AVE. S.
MINNEAPOLIS MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE
2. NAME
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3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas J. Treff

04/16/96

612-541-3100

CR2E034 (12/95)