

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000045027 (4)
 1. Corporation Name
CANADIAN HOLDING COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4351 GULF SHORE BLVD. NORTH NO. 6 SOUTH PENTHOUSE 2 NAPLES FL 34103	Mailing Address 4351 GULF SHORE BLVD. NORTH NO. 6 SOUTH PENTHOUSE 2 NAPLES FL 34103
--	--

3. Date Incorporated or Qualified 05/19/1997	4. FEI Number 59-3450142	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 4351 GULF SHORE BLVD. N. Suite, Apt. #, etc.	2a. Mailing Address 26 4351 GULF SHORE BLVD. N. Suite, Apt. #, etc.
22 PH 2 City & State	27 PH 2 City & State
23 NAPLES, FL Zip Country	28 NAPLES, FL Zip Country
24 34103	29 34103
25	30 USA

9. Name and Address of Current Registered Agent
**FREY, EUGENE U
 4351 GULF SHORE BLVD. NORTH
~~NO. 6 SOUTH~~ PH 2
 NAPLES FL 34103**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	C
STREET ADDRESS		1.3 STREET ADDRESS	PIERSON M. GRIEVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	280 SALEM CHURCH ROAD SUNFISH LAKE, MN 55118
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	P
STREET ADDRESS		2.3 STREET ADDRESS	EUGENE U. FREY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	4351 GULF SHORE BLVD N., PH2 NAPLES, FL 34103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T
STREET ADDRESS		3.3 STREET ADDRESS	GERALD J. TRENDA
CITY-ST-ZIP		3.4 CITY-ST-ZIP	80 SOUTH 8TH ST., SUITE 4005 MINNEAPOLIS, MN 55402
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S
STREET ADDRESS		4.3 STREET ADDRESS	MORRIS M. SHERMAN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	150 SOUTH 5TH ST., SUITE 2300 MINNEAPOLIS, MN 55402
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____

CR2E034 (10/97)