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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800078404

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90041 034 ***150.00

Principal Place	ALE BLVD	Mailing Address '1200'NIGHTINGALE BLVD - STILLWATER MN 55082							
OUTCAMED WE 20005						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
					_	09/10/1998			
Principal Place of Business 2a. Mailing Address						4 EEI Number		- 	oplied For
26						41-1921709			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional
27						The destruction of the state of		Fee R	equired
City & Stat	te ·	City & State				6. Election Campaign Financing		•	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	_ Cou	ntry		8. This corporation owes the curre	nt year inta		
24	25		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agent		81	Nomo	10. Name and Address of New Ro	egistered A	ARIII	
	EEV IAME V			"	Name				
CHEFFY, JANE Y						ess (P.O. Box Number is Not Acceptal	ole)		
	5 TAMIAMI TRAIL N			02					
	TE 310			83					
, NAP	LES FL 34103-4439	,		84	City	···	F* 6	85 Zip	Code
	to the provisions of Sections 607.0503						<u>FL</u>	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F			signature required	when reinstating)	DATE	D DIDECT	ODC IN 42
12.	OFFICERS AN	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE					☐ Cuange	☐ Addition
NAME	KENNEDY, RAYMOND A		1.2 NA						
STREET ADDRESS			1.3 STREE		DDRESS				1
CITY-ST-ZIP	STILLWATER MN 55082		1,4 CITY-		ZIP			[] Change	☐ Addition
TILE	D	☐ DELETE	2.1 TITLE 2.2 NAME		ļ			☐ Criarige	L. Addition
NAME	KENNEDY, PATRICIA								
STREET ADDRESS	1000 1110111111111111111111111111111111		2.3 S1	REETA	DDRESS				
CITY-ST-ZIP	STILLWATER MN 55082		-	TY-ST-	ZIP			Chance	Addition
TITLE		☐ DELETE	3.1 TC	RΕ				☐ Change	☐ Addition
NAME			3.2 NA	WE		•			1
STREET ADDRESS			3.3 ST	REETA	DORESS				Ī
CITY-ST-ZIP		F7	_	TY-ST-	ZIP			Change	□ Addition
TITLE		☐ DEFELE	4.1 TI					Change	☐ Addition \
NAME	1		4. 2 N						
STREET ADDRESS	6		4.3 ST	REET A	DDRESS				
CITY-ST-ZIP			_	TY-ST-	ZIP			- [=] Change	- C Additions
TITLE		DELETE	<u>5.1 Π</u>					- Luange	Addition:
			P ^	LIC		-			
NAME	d .		5.2 N/						
NAME STREET ADDRESS		•	5.3 \$1	REETA	DDRESS				
			5.3 ST 5.4 CI	REET A				I'' Chaus	ممانده [٦]
STREET ADDRESS		DELETE	5.3 ST 5.4 CI 6.1 TI	REET A TY-ST-I			and the same of th	☐ Change	☐ Addition
STREET ADDRESS CXTY-ST-ZIP		☐ DELETE	5.3 ST 5.4 CI 6.1 TI 6.2 N	TY-ST- TY-ST- TLE AME	ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.3 ST 5.4 CI 6.1 TT 6.2 N/ 6.3 ST	TY-ST- TY-ST- TLE AME	ZIP			☐ Change	☐ Addition

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 employered 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, with all other like empowered.

SIGNATURE: