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**Jan 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 822678 (9)

1. Corporation Name
FBS MORTGAGE CORPORATION



Principal Place of Business

**1010 S. SEVENTH STREET
MINNEAPOLIS MN 55415
US**

Mailing Address

**1010 S. SEVENTH STREET
MINNEAPOLIS MN 55415-1700
US**

3. Date Incorporated or Qualified **04/22/1969** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **601 Second Avenue South**

2a. Mailing Address
26 **601 Second Avenue South**

4. FEI Number **58-1025135** Applied For Not Applicable

State, Apt. #, etc. **MPFP2804**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State **Minneapolis, MN**

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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip **55402** Country **USA**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 607.1505 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 resigning) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	LESTER, SUSAN E.	
STREET ADDRESS	601 2ND AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	BEVIS, KATHY M.	
STREET ADDRESS	601 2ND AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LETHERT, HERBERT J.	
STREET ADDRESS	601 2ND AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	FOGELBERG, MELISSA R.	
STREET ADDRESS	601 2ND AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROBB, BRUCE A.	
STREET ADDRESS	601 2ND AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORST, RENEE A.	
STREET ADDRESS	601 2ND AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mitau, Lee R.	
1.3 STREET ADDRESS	601 Second Avenue South	
1.4 CITY-ST-ZIP	Minneapolis, MN 55402	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chosy, James L.	
2.3 STREET ADDRESS	601 Second Avenue South	
2.4 CITY-ST-ZIP	Minneapolis, MN 55402	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Chosy, Secretary

January 9, 1997

612-973-0359

Date

Daytime Phone #

0480060

CR2E034 (9/96)