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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morgan  
Secretary of State  
TALLAHASSEE, FLORIDA 32399



DOCUMENT # **F93000004882 (7)**  
1. Corporation Name  
**HEALAN COMMUNICATIONS, INC.**

Principal Place of Business: **12400 WHITEWATER DR. SE. 2010 MINNETONKA MN 55343 US**  
Mailing Address: **12400 WHITEWATER DR. STE. 2010 MINNETONKA MN 55343 US**

2. Period of Fiscal Year: **21** Mailing Address: **26**  
3. Date first created or qualified: **10/28/1993** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **58-1676986** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required:   
6. Election Campaign Financing:  \$5.00 May Be Added to Fees:   
7. This corporation has liability for intangible tax under S. 190.037?  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
41200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 City: \_\_\_\_\_  
B4 State: **FL** B5 Zip Code: \_\_\_\_\_

11. I, the undersigned, hereby certify that the person named in the above as the registered agent of this corporation is duly qualified to act as such agent, and that I have accepted the appointment as registered agent of this corporation.

SIGNATURE: \_\_\_\_\_

12. CURRENT REGISTERED AGENTS

NAME	CD O'REILLY, WILLIAM 27777 FRANKLIN RD. SPUTAFIELD MI
NAME	SD LEWIS, CLAUDET 27777 FRANKLIN RD SOUTHFIELD MI
NAME	PD TRAYNOR, MACK 124009 WHITEWATER DR. MINNETONKA MN

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	CD BARNARD EBBERS 515 E. AMITE ST JACKSON, MS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SCOTT SULLIVAN 515 E. AMITE ST. JACKSON, MS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is complete, correct and does not conflict with the information stated in section 190.037 Florida Statutes. I further certify that the information is true and correct as of the date of filing of this annual report and, upon filing, is true and correct and that my signature shall have the same legal effect as if made on the date that this report is filed for registration. This report is required by chapter 190, Florida Statutes, and that my name appears in Block 1 or Block 2 of a report or filing with an address.

SIGNATURE: *Scott Sullivan* 4/24/95 (612) 945-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR