

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
NANCY B. MANNING
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002968 (5)**

1. Corporation Name
OMG RETAIL, INC.

500001488885
-03/24/95--01057--014
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**309 11TH AVE., N.W.
NEW BRIGHTON MN 55112**

Main Address
**309 11TH AVE., N.W.
NEW BRIGHTON MN 55112**

3. Date incorporated or Qualified **06/07/1994** 3a. Date of Last Report

2. Principal Place of Business
21 **888 W. County Road D**
Suite, Apt #, etc.
22 **Suite 306**
City & State
23 **New Brighton, MN**
Zip Country
24 **55112** 25 **Ramsey** 29 **55112** 30 **Ramsey**

4. FET Number
APPLIED FOR 59-3250376

Applied For
Not Applied For

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

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

8. The corporation has liability for intangible tax under § 199.01, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**TESDALL, JUNE J
4935 CYPRESS TRACE DR.
TAMPA FL 33624**

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
FL

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 _____ By _____ Registered Agent _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	VOGL, KAREN
STREET ADDRESS	309 11TH AVE., NW
CITY, ST, ZIP	NEW BRIGHTON MN 55112
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption rules in Section 199.01, Florida Statutes. I further certify that the information included 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. 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 of this report, or on an attachment with an address.

SIGNATURE: *Karen Vogl* Karen Vogl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 24 95 (612) 631-3599

KC