

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P23322 (1)

1. Corporation Name
SALUS REAL ESTATE, INC.

Principal Place of Business	Mailing Address
% GRAND METROPOLITAN INCORPORATED 200 SOUTH SIXTH STREET, MS18X3 MINNEAPOLIS MN 55402	% GRAND METROPOLITAN INCORPORATED 200 SOUTH SIXTH STREET, MS18X3 MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/08/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 22-2428613	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	26 City & State
23 Zip Country	27 Zip Country
24 Country	28 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, IAN A.
STREET ADDRESS	200 SOUTH SIXTH STREET
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VD
NAME	RICKARD, DAVID B
STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VSD
NAME	JENKO, JEROME J
STREET ADDRESS	200 SO 6 STR
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	ASAT
NAME	JOHNSON, LESLIE
STREET ADDRESS	200 SOUTH SIXTH STREET
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	D
NAME	ETCHES, RICHARD
STREET ADDRESS	200 SOUTH SIXTH STREET
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	D
NAME	FITZJOHN, DAVID
STREET ADDRESS	200 SOUTH SIXTH STREET
CITY-ST-ZIP	MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Walsh, Paul S.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ryan, Thomas	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 unchanged, or in an attachment with an address.

SIGNATURE: **Leslie R. Johnson, Asst. Treasurer** **4/20/95** **612.330.5096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #