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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23322 (1)

1. Corporation Name
SALUS REAL ESTATE, INC.



Principal Place of Business % GRAND METROPOLITAN INCORPORATED 200 SOUTH SIXTH STREET, MS18X3 MINNEAPOLIS MN 55402	Mailing Address % GRAND METROPOLITAN INCORPORATED 200 SOUTH SIXTH STREET, MS18X3 MINNEAPOLIS MN 55402-1403
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/08/1989	3a. Date of Last Report 04/10/1996
4. FEI Number 22-2428613	Applied For 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	

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

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	NAME WALSH, PAUL S	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	1.2 NAME
TITLE V	NAME RYAN, THOMAS	1.3 STREET ADDRESS
STREET ADDRESS 200 SOUTH SIXTH ST	CITY-ST-ZIP MINNEAPOLIS MN	1.4 CITY-ST-ZIP
TITLE VSD	NAME JENKO, JEROME J	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 200 SO 6 STR	CITY-ST-ZIP MINNEAPOLIS MN	2.2 NAME
TITLE ASAT	NAME JOHNSON, LESLIE	2.3 STREET ADDRESS 200 SOUTH SIXTH STREET
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	2.4 CITY-ST-ZIP MINNEAPOLIS MN 55402
TITLE D	NAME ETCHES, RICHARD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	3.2 NAME
TITLE D	NAME FITZJOHN, DAVID	3.3 STREET ADDRESS
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	3.4 CITY-ST-ZIP
TITLE AT	NAME DOPPELE, DONALD R.	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	4.2 NAME
TITLE V	NAME LAUREY DAVID	4.3 STREET ADDRESS 200 SOUTH SIXTH STREET
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	4.4 CITY-ST-ZIP MINNEAPOLIS MN 55402
TITLE AS	NAME WALTERS, SOEL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	5.2 NAME
TITLE D	NAME ETCHES, RICHARD	5.3 STREET ADDRESS 200 SOUTH SIXTH STREET
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	5.4 CITY-ST-ZIP MINNEAPOLIS MN 55402
TITLE AS	NAME WALTERS, SOEL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	6.2 NAME
TITLE D	NAME FITZJOHN, DAVID	6.3 STREET ADDRESS 200 SOUTH SIXTH STREET
STREET ADDRESS 200 SOUTH SIXTH STREET	CITY-ST-ZIP MINNEAPOLIS MN	6.4 CITY-ST-ZIP MINNEAPOLIS MN 55402

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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 or power of attorney 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: _____ DATE: **4/30/97** **612 330-4915**

CRE034 (9/96)