

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/08/1989

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. Country	30. Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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

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

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

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

14. I 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:  DONALD R. POPPELE 2/13/98 612 330-4915

CR2E034 (10/97)