

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90124 030 \*\*\*150.00

DOCUMENT # P23322

1. Corporation Name SALUS REAL ESTATE, INC.



Principal Place of Business % GRAND METROPOLITAN INCORPORATED 200 SOUTH SIXTH STREET, MS08X3 MINNEAPOLIS MN 55402

Mailing Address % GRAND METROPOLITAN INCORPORATED 200 SOUTH SIXTH STREET, MS08X3 MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1989

4. FEI Number 22-2428613 Applied For Not Applicable

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. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WALSH, PAUL S	1.1 TITLE	
NAME	200 SOUTH SIXTH STREET	1.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V SCHMITT, DAVID	2.1 TITLE	AS LEAGUE, ALICE P.
NAME	200 SOUTH SIXTH STREET	2.2 NAME	200 SOUTH 6TH STREET
STREET ADDRESS	MINNEAPOLIS MN	2.3 STREET ADDRESS	MINNEAPOLIS, MN 55402
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD JENKO, JEROME J	3.1 TITLE	AS BRUCE MILLER
NAME	200 SO 6 STR	3.2 NAME	200 SOUTH 6TH STREET
STREET ADDRESS	MINNEAPOLIS MN	3.3 STREET ADDRESS	MINNEAPOLIS, MN 55402
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AT POPPELE, DONALD R	4.1 TITLE	
NAME	200 SOUTH SIXTH STREET	4.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V DAVID, LAUREY	5.1 TITLE	
NAME	200 SOUTH SIXTH STREET	5.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS WALTERS, JOEL	6.1 TITLE	
NAME	200 SOUTH SIXTH STREET	6.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4-13-99 DAYTIME PHONE #: 612-330-4920

CR2E034 (1/98)