


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 550.00

PROFIT CORPORATION
ANNUAL REPORT
1995-1997



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

DOCUMENT # P31988 (9)
 1. Corporation Name
THE HAAGEN-DAZS SHOPPE COMPANY, INC.

FILED
 97 JUL 25 AM 9:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**200 SOUTH 6TH ST.
 MINNEAPOLIS MN
 55402**

Mailing Address
**TAX DEPT 08X3
 200 S. 6TH ST
 MINNEAPOLIS MN
 55402**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 200 SOUTH 6TH ST		26 200 SOUTH 6TH ST.		12/03/1990	05/01/1996
22 Suite, Apt. #, etc		27 TAX DEPT 08X3		4. FEI Number	Applied For
23 MINNEAPOLIS MN		28 MINNEAPOLIS MN		22-2462815	Not Applicable
24 55402	25 HENNEPIN	29 55402	30 HENNEPIN	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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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	PRESIDENT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIEN GODFREY	12 NAME	9000002253760-1
STREET ADDRESS	200 SOUTH SIXTH ST	13 STREET ADDRESS	-07/31/97-01059-002
CITY-ST-ZIP	MINNEAPOLIS MN 55402	14 CITY-ST-ZIP	***550.00 ***550.00
TITLE	VP & S & D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID E. SCHMITT	22 NAME	
STREET ADDRESS	200 SOUTH SIXTH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	24 CITY-ST-ZIP	
TITLE	VP, CFO & T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIONEL NOWELL	32 NAME	
STREET ADDRESS	200 SOUTH SIXTH ST	33 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	34 CITY-ST-ZIP	
TITLE	AST. SEC & AST. TR	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD R. POPPELE	42 NAME	
STREET ADDRESS	200 SOUTH SIXTH ST	43 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	44 CITY-ST-ZIP	
TITLE	AST. SEC & AST.	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL W. WALTERS	52 NAME	
STREET ADDRESS	200 SOUTH SIXTH ST	53 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	54 CITY-ST-ZIP	
TITLE	AST. SEC	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE P. LEAGUE	62 NAME	
STREET ADDRESS	200 SOUTH SIXTH ST	63 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	64 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 119.07(3)(k), 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 _____ **DATE** **7/22/97** **DAYTIME PHONE #** **612-350-4915**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR