

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:53

DOCUMENT # **844390** (5)
1. Corporation Name
SUNSET LANES, INCORPORATED

Principal Place of Business Mailing Address
10120 FITE CIRCLE ST. LOUIS MO 63123 **10120 FITE CIRCLE ST. LOUIS MO 63123**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1979** 3a. Date of Last Report **04/04/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 43-0761969	Applied For <input type="checkbox"/> Not Applicable
21		26		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State			
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**BOJE, WILLIAM H.
4425 46TH AVENUE SOUTH
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name **William H. Boje**
82 Street Address (P.O. Box Number is Not Acceptable) **609 Crater Lane**
83 **Tampa, FL 33619**
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 *[Signature]* DATE **3-27-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOJE, GLORIA J	1.2 NAME	
STREET ADDRESS	4425 46TH AVE S	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOJE, JEFFREY	2.2 NAME	
STREET ADDRESS	4425 46TH AVE S	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, CHRISTY BOJE	3.2 NAME	
STREET ADDRESS	4425 46TH AVE S	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 0	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOJE, WILLIAM H	4.2 NAME	
STREET ADDRESS	4425 46TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOJE, DEBRA	5.2 NAME	
STREET ADDRESS	4425 46TH AVE S	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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, if changed, or on an attachment with an addition.

SIGNATURE: *[Signature]* DATE **3-27-95** (813)621-2863