

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **844390** (5)

1. Corporation Name
SUNSET LANES, INCORPORATED



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

3. Date Incorporated or Qualified: **10/19/1979**
3a. Date of Last Report: **04/03/1995**

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

9. Name and Address of Current Registered Agent

**BOJE, WILLIAM H.
609 CRATER LANE
TAMPA FL 33619**

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 City: **Tampa, FL 33619**
84 City: **Tampa, FL** 85 Zip Code: **33619**

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: *W. Boje* (NOTE: Registered Agent signature required when non-stating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	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-STATE-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	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-STATE-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	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-STATE-ZIP	ST PETERSBURG, FL 0	3.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	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-STATE-ZIP	ST PETERSBURG, FL 00000	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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-STATE-ZIP	ST PETERSBURG FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Jeffrey W. Boje* 3-8-96 (813) 621-2363
Date: 3-8-96 Daytime Phone: (813) 621-2363

CR2E034 (12/95)