

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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 844390 (5)**  
 1. Corporation Name  
**SUNSET LANES, INCORPORATED**



Principal Place of Business <b>10120 FITE CIRCLE ST. LOUIS MO 63123</b>	Mailing Address <b>10120 FITE CIRCLE ST. LOUIS MO 63123</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 609 Crater Lane</b>		2a. Mailing Address <b>26 609 Crater Lane</b>		3. Date Incorporated or Qualified <b>10/19/1979</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>43-0761969</b>	
City & State <b>23 Tampa, Florida</b>		City & State <b>27 Tampa, Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33619</b>		Zip <b>29 33619</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BOJE, WILLIAM H. 809 CRATER LANE TAMPA FL 33619</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Jeffrey W. Boje</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <b>609 Crater Lane</b>			
				84 City <b>Tampa, Florida</b>		85 Zip Code <b>FL 33619</b>	

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: **3-24-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOJE, GLORIA J</b>	1.2 NAME	<b>Jeffrey W. Boje</b>
STREET ADDRESS	<b>809 CRATER LANE</b>	1.3 STREET ADDRESS	<b>609 Crater Lane</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, Florida 33619</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOJE, JEFFREY</b>	2.2 NAME	<b>Debra L. Boje</b>
STREET ADDRESS	<b>809 CRATER LANE</b>	2.3 STREET ADDRESS	<b>609 Crater Lane</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>Tampa, Florida 33619</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITE, CHRISTY BOJE</b>	3.2 NAME	<b>Gloria J. Boje</b>
STREET ADDRESS	<b>809 CRATER LANE</b>	3.3 STREET ADDRESS	<b>609 Crater Lane</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>Tampa, Florida 33619</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOJE, WILLIAM H</b>	4.2 NAME	<b>Christine B. White</b>
STREET ADDRESS	<b>809 CRATER LANE</b>	4.3 STREET ADDRESS	<b>609 Crater Lane</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>Tampa, Florida 33619</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>BOJE, DEBRA</b>	5.2 NAME	
STREET ADDRESS	<b>809 CRATER LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-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-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.

SIGNATURE: *[Signature]* **Jeffrey W. Boje 3-24-98 (813)621-2363**

CR2E034 (10/97)