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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F95000004038

1. Corporation Name
SFS INSURANCE BROKERAGE, INC.



Principal Place of Business 3520 BROADWAY KANSAS CITY MO 64111 US	Mailing Address 3520 BROADWAY KANSAS CITY MO 64111 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 08/22/1995	
4. FEI Number 91-0837062	Applied For <input type="checkbox"/> Not Applicable
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, GREGORY E	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERT E. JANES	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, BARNEY D.	
STREET ADDRESS	12524 CATALINA	
CITY-ST-ZIP	LEAWOOD KS 66209	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOFFMAN, GARY K.	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	DAHLE, BILLY J.	
STREET ADDRESS	3200 CAPTOL BLVD SOUTH	
CITY-ST-ZIP	OLYMPIA WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENSEN, DARYL D.	
STREET ADDRESS	3200 CAPITOL BLVD S.	
CITY-ST-ZIP	OLYMPIA WA 98507	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	Bret Benham
3.4 CITY-ST-ZIP	11437 West 117th St Overland Park, KS 66210
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Gregory E Smith 1/14/99 816-753-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)