

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER **SEPTEMBER 30, 1998**.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **F97000003882 (4)**
 1. Corporation Name
NRL FINANCIAL CORP.



Principal Place of Business: **636 ADAMS KANSAS CITY KS 66103**
 Mailing Address: **636 ADAMS KANSAS CITY KS 66103**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 636 ADAMS KANSAS CITY KS 66103**
 2a. Mailing Address: **26 636 ADAMS KANSAS CITY KS 66103**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 City & State: **27**
 Zip: **28** Country: **29**

3. Date Incorporated or Qualified: **07/24/1997**
 4. FEI Number: **48-1124793** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
 6. Election Campaign Financing: **\$5.00** May Be Added to Fees
 7. Trust Fund Contribution:
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, PAT	1.2 NAME	Fred Slamin
STREET ADDRESS	636 ADAMS	1.3 STREET ADDRESS	636 Adams Street
CITY-ST-ZIP	KANSAS CITY KS 66103	1.4 CITY-ST-ZIP	Kansas City, Kansas 66105
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OPLIGER, RANDY	2.2 NAME	Dave Pedotto
STREET ADDRESS	636 ADAMS	2.3 STREET ADDRESS	636 Adams Street
CITY-ST-ZIP	KANSAS CITY KS 66103	2.4 CITY-ST-ZIP	Kansas City, Kansas 66105
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLER, LINDA	3.2 NAME	Barton J. Cohen
STREET ADDRESS	636 ADAMS	3.3 STREET ADDRESS	636 Adams Street
CITY-ST-ZIP	KANSAS CITY KS 66103	3.4 CITY-ST-ZIP	Kansas City, Kansas 66105
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COON, LOUISE	4.2 NAME	[VACANT]
STREET ADDRESS	636 ADAMS	4.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY KS 66103	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D. Patrick Curran
STREET ADDRESS		5.3 STREET ADDRESS	636 Adams Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Kansas City, Kansas
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Asst. Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Susan Matsukevich
STREET ADDRESS		6.3 STREET ADDRESS	636 Adams Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Kansas City, Kansas 66105

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(3)(f), 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: _____ REQUIRED 8-28-98 912 279-3222

CR2E034 (5/98)