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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # H34002

(6)

ASTRAL INVESTMENT COMPANY

WILC 3-18-99

The Case (1)

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SECRETARY OF STATE TALLAHASSEE FLORIDA



Princ pal Place	e of Business	Mailing Address			C OMBINES BURN HUNN BONIN BONIN DOCUM NAME	VIDIL BIBIL T	(Eli Alalı A	1011 01011 1001
705 OLIVE STE ST. LOUIS MO		705 OLIVE STREET, RM. ST. LOUIS MO 63101-226						
					3. Date Incorporated or Qualified 12/13/1984		te of Las 20/199	•
2. Principal Pi	iace of Business	2a. Mailing Address			4. FEI Number			Applied For
<u>L</u>		26			43-1350779			Not Applicat
Suite, Apt.		Suite, Apt. #, etc.		· • • • • • • • • • • • • • • • • • •	5. Certificate of Status Desired			5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			O May Be ed to Fees
Ζφ n	Country	Ζφ	Counti	Ŋ	8. This corporation has liability for in			r s. 1 9 9.032,
<u></u>	25	29	30		Florida Statutes 10. Name and Address of New Reg	Yes 2		
	9. Name and Address of Curr	ent Magisteran Agant		I Name	10. Name Bild Address of New Me	Bierelen i	Ayent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			8:		ress (P.O. Box Number is Not Acceptable)			
PLA	NTATION FL 33324		8:	3				
			B	4 City		FL	85 Z	ip Code
arront La	and formal or will the population and the public				ation's board of directors. I hereby accept			
SIGNATURE	im farmhar with, and accept the ob-	agent and tire if applicable (NO	TE: Registered A		uired when reinstating)	DATE	Diprot	ODO IN 10
SIGNATURE	Signature system or printed name of registered. OFFICERS A	agent and tire if applicable (NO NO DIRECTORS	TE: Registered A	gent signature requ	,		****	
SIGNATURE 12.	Signature Typical or printed name of registered. OFFICERS A	agent and tire if applicable (NO	TE: Registered A 13. 11 THTLE	gent signature requ	uired when reinstating)		DIRECT Chang	
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SIGNATURE. 12. BRUE SAME STREET ADDRESS	Signature Typical or printed name of registered. OFFICERS A	agent and tire if applicable (NO NO DIRECTORS	TE: Registered A 13. 11 THLE 12 NAMI 1.3 STRE	gent signature requi	uired when reinstating)		****	
SIGNATURE 12. RITE HAME STREET ADDRESS DITY \$1-749	Signature Typed or printed name of rugstered. OFFICERS A PO CELLA, CHARLES J. 705 OLIVE, ROOM 804	agent and tire if applicable (NO NO DIRECTORS	TE: Registered A 13. 11 THILE 1.2 NAM	gent signature requires E ET ADDRESS -ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND	Chang	ge 🔲 Addit
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SIGNATURE 12. RILF NAME SIREF ADDRESS CITY 51-769 HILF NAME	Signature Typical or printed name of rugstered. OFFICERS A PD CELLA, CHARLES J. 705 OLIVE, ROOM 804 ST. LOUIS MO SD CELLA, LOUIS A 705 OLIVE, RM.804	agent and lite if applicable (NO NDD DIRECTORS DELETE	TE: Ringistored A 13. 11 TITLE 12 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI	gent signature requires	ADDITIONS/CHANGES TO OFFIC 400021 -05/16/5	B1 :	Chang	e □ Addit • □ Addit • □ 12
SIGNATURE 12. RUF NAME STREEF ADDRESS CHY 51-729 HILE NAME STREEF ADDRESS	Signature Typical or printed name of rugistered. OFFICERS A PO CELLA, CHARLES J. 705 OLIVE, ROOM 804 ST. LOUIS MO SD CELLA, LOUIS A 705 OLIVE, RM.804 ST. LOUIS MO	agent and lite if applicable (NO NO DIRECTORS DELETE	TE: Ringistored A 13. 11 TITLE 12 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI	gent signature required in the signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	B1 :	Chang 1123- ****	e Addit -012 165.00
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nnon anon-monated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 0. I am an officer or director of the corporation of 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 syanged or on an altagrament with an address.

4/28/97