

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 13 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H34002** (6)

1. Corporation Name
~~ASTRAL INVESTMENT COMPANY~~
A. I. ACQUISITION, INC. N/C 3-18-97

Principal Place of Business Mailing Address
705 OLIVE STREET, RM. 804 ST. LOUIS MO 63101 **705 OLIVE STREET, RM. 804 ST. LOUIS MO 63101-2280**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1984	3a. Date of Last Report 02/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 43-1350779		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	PD <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELLA, CHARLES J.	12. NAME	
STREET ADDRESS	705 OLIVE, ROOM 804	13. STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	14. CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELLA, LOUIS A	22. NAME	
STREET ADDRESS	705 OLIVE, RM.804	23. STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	24. CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JOHN T.	32. NAME	
STREET ADDRESS	705 OLIVE, RM 804	33. STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	34. CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELLA, JOHN G	42. NAME	
STREET ADDRESS	705 OLIVE, ROOM 804	43. STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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******165.00 ****165.00**

14. I do 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. 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: *John T. McDonald* DATE: **4/28/97** DAYTIME PHONE: **314 281-2441 x 833**

CR2E034 (9/96)