

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

**FILED**  
**Mar 16 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 # J16871 (2)**  
 1. Corporation Name  
**BUSCH PROPERTIES OF FLORIDA, INC.**



Principal Place of Business <b>6817 WESTWOOD BOULEVARD ORLANDO FL 32821</b>	Mailing Address <b>6817 WESTWOOD BOULEVARD ORLANDO FL 32821</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/30/1986</b>	
21	Suite, Apt. #, etc.	26	<b>Corporate Tax Dept.</b>	4. FEI Number <b>59-2679044</b>	Applied For Not Applicable
22	City & State	27	<b>One Busch Place</b>	6. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	28	<b>St. Louis, MO</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	29	<b>63118</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<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	
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				<b>FL</b>	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	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN SLYKE, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>6817 WESTWOOD BLVD</b>	1.3 STREET ADDRESS	<b>Schedule Attached</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMMINS, WILLIAM J</b>	2.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMMES, WILLIAM L</b>	3.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTZ, JOHN C., JR.</b>	4.2 NAME	
STREET ADDRESS	<b>8000 MARYLAND AVE, STE 350</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLAYTON MO</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REEVES, LAURA H.</b>	5.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TC</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTAGNO, JOHN D</b>	6.2 NAME	
STREET ADDRESS	<b>ONE BUSH PL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	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 in an attachment with address.

SIGNATURE: \_\_\_\_\_ 3/5/98 314-577-2359

CR2E034 (10/97)

**BUSCH PROPERTIES OF FLORIDA, INC.**

(Business Address: 6817 Westwood Blvd., Orlando, FL 32821)  
(Mailing Address: One Busch Place, St. Louis, MO 63118)

**OFFICERS**

William L. Rammes	Chairman of the Board
John C. Martz, Jr.	President
Richard N. Van Slyke	Vice President
Laura H. Reeves	Secretary
William J. Kimmins	Treasurer
David C. Sauerhoff	Assistant Treasurer
John D. Castagno	Tax Controller

**DIRECTOR**

William L. Rammes

Effective 12/1/97