

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L36589 (4)
 1. Corporation Name
EVERGREEN NATIONAL CORPORATION

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1989

2. Principal Place of Business 21 C/O C T CORPORATION	2a. Mailing Address 26 C/O C T CORPORATION	4. FEI Number 65-0169217	Applied For Not Applicable
22 1200 S PINE ISLAND RD. Suite, Apt #, etc	27 1200 S PINE ISLAND Suite, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 PLANTATION, FL. 33324 City & State	28 PLANTATION, FL 33324 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33324 Zip	25 USA Country	29 33324 Zip	30 USA Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 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 reissuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	PSCD
STREET ADDRESS		13 STREET ADDRESS	PLASTER, ROBERT W. (Same, but not preprinted)
CITY-ST-ZIP		14 CITY-ST-ZIP	307 OCEAN BLVD.
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	GOLDEN BEACH, FL. 33160
STREET ADDRESS		23 STREET ADDRESS	V
CITY-ST-ZIP		24 CITY-ST-ZIP	WEIS, LARRY
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	1700 SOUTH JEFFERSON
STREET ADDRESS		33 STREET ADDRESS	LEBANON, MO. 65536
CITY-ST-ZIP		34 CITY-ST-ZIP	V
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	VANDERHOEF, GWEN
STREET ADDRESS		43 STREET ADDRESS	1700 SOUTH JEFFERSON
CITY-ST-ZIP		44 CITY-ST-ZIP	LEBANON, MO. 65536
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	AS
STREET ADDRESS		53 STREET ADDRESS	HOOVER, LYNN C.
CITY-ST-ZIP		54 CITY-ST-ZIP	2420 PERSHING RD., SUITE 400
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	KANSAS CITY, MO. 64108
STREET ADDRESS		63 STREET ADDRESS	600002488500
CITY-ST-ZIP		64 CITY-ST-ZIP	-04/14/98--01070--026

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.

SIGNATURE:  **Lynn C. Hoover** 4-9-98 (816) 221-0355

CR2E034 (10/97)