

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10430 (7)
 1. Corporation Name
TENENBAUM & ASSOCIATES, INC.



Principal Place of Business 2600 GRAND AVENUE SUITE 500 KANSAS CITY MI 48108 US	Mailing Address PO BOX 410949 KANSAS CITY MO 64141-0949 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 06/13/1986	3a. Date of Last Report 04/03/1996
4. FEI Number 43-1240849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

**CT CORPORATION SYSTEM
 1200 S. 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 _____ DATE _____
Signature typed or printed name of registered agent and title, zip code (REAL Registered Agent signature required when re-statute)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINSON, ANTHONY L	
STREET ADDRESS	8112 HIGH DRIVE	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FITZWATER, STEVEN K	
STREET ADDRESS	7402 EDGEWOOD BOULEVARD	
CITY-ST-ZIP	SHANEE KS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCCOY, LINDA K	
STREET ADDRESS	18985 BROADMOOR	
CITY-ST-ZIP	STILLWELL KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEWARD, JAMES R	
STREET ADDRESS	4815W 79TH ST	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, ANTHONY P	
STREET ADDRESS	3101 OLD PECOS TRAIL	
CITY-ST-ZIP	SANTA FE NE	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, P. ANTHONY	
STREET ADDRESS	5902 HIGH DR	
CITY-ST-ZIP	MISSION HILLS KS 66208	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Anthony L. Levinson* ANTHONY L. LEVINSON 3/12/97 816-842-7000

CR2E034 (9/96)