

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P18224 (6)

1. Corporation Name
MICHELSON REALTY COMPANY



Principal Place of Business: 7701 FORSYTH BLVD. SUITE 900 CLAYTON MO 63105-8813
Mailing Address: 7701 FORSYTH BLVD. SUITE 900 CLAYTON MO 63105-8813

3. Date Incorporated or Qualified: 03/01/1988
3a. Date of Last Report: 04/12/1995
4. FEI Number: 43-0716882
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

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, 85 Zip Code: FL

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: [Signature] (Signature of Registered Agent is not applicable) (Signature of Registered Agent is required when not true) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MICHELSON, BRUCE V.	11 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 7701 FORSYTH BLVD.	CITY-ST-ZIP: CLAYTON MO	12 NAME:	
	<input type="checkbox"/> DELETE	13 STREET ADDRESS:	
TITLE: S	NAME: BEAN, BETH	14 CITY-ST-ZIP:	21 TITLE: V/D
STREET ADDRESS: 7701 FORSYTH BLVD	CITY-ST-ZIP: ST LOUIS MO		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> DELETE	22 NAME: Lazaroff, Robert D.	
TITLE: D	NAME: LAZAROFF, HAROLD	23 STREET ADDRESS: 7701 Forsyth Blvd.	
STREET ADDRESS: 7701 FORSYTH BLVD.	CITY-ST-ZIP: CLAYTON MO	24 CITY-ST-ZIP: St. Louis MO 63105	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
	<input type="checkbox"/> DELETE	31 TITLE: V	
TITLE: VD	NAME: MICHELSON, BRUCE V JR	32 NAME: Lazaroff, Harold	
STREET ADDRESS: 7701 FORSYTH BLVD	CITY-ST-ZIP: ST LOUIS MO	33 STREET ADDRESS: 7701 Forsyth Blvd.	
	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP: St. Louis MO 63105	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	41 TITLE: V/S/T/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME: Michelson, Bruce V Jr	
	<input type="checkbox"/> DELETE	43 STREET ADDRESS: 7701 Forsyth Blvd.	
TITLE:	NAME:	44 CITY-ST-ZIP: St. Louis MO 63105	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	51 TITLE: V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
	<input type="checkbox"/> DELETE	52 NAME: Casey, Michael E.	
TITLE:	NAME:	53 STREET ADDRESS: 7701 Forsyth Blvd.	
STREET ADDRESS:	CITY-ST-ZIP:	54 CITY-ST-ZIP: St. Louis MO 63105	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<input type="checkbox"/> DELETE	61 TITLE:	
TITLE:	NAME:	62 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	63 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] Michael E. Casey 7/28/96 314-862-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #

CR2E034 (3/96)