

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90165 050 ***150.00

0529989

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 017944
 1. Corporation Name
SPRINT-FLORIDA, INCORPORATED



Principal Place of Business 555 LAKE BORDER DR. APOPKA FL 32703 US	Mailing Address 903 E 104TH STREET MOKCMW0609 KANSAS CITY MO 64131 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2330 Shawnee Mission Parkway Suite, Apt. #, etc. 22 City & State 23 Westwood, KS Zip 24 66205 Country 25 KS	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
---	---

3. Date Incorporated or Qualified 09/29/1925	4. FEI Number 59-0248365	Applied For <input type="checkbox"/> No <input type="checkbox"/> Yes
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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent
CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESHEARS, MARK V	1.2 NAME	
STREET ADDRESS	903 E 104TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64131	1.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, J. M.	2.2 NAME	Michael T. Hyde
STREET ADDRESS	555 LAKE BORDER DR.	2.3 STREET ADDRESS	2330 Shawnee Mission Parkway
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Westwood, KS 66205
TITLE	AVPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYNATT, M. R.	3.2 NAME	Jeanine Strandjord
STREET ADDRESS	555 LAKE BORDER DR.	3.3 STREET ADDRESS	2140 Ward Parkway
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Kansas City, MO 64114
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLATORRE, T L	4.2 NAME	Richard D. McRae
STREET ADDRESS	555 LAKE BORDER DR.	4.3 STREET ADDRESS	5454 W. 110th Street
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Overland Park, KS 66211
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASCIO, JOHN T	5.2 NAME	
STREET ADDRESS	555 LAKE BORDER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael B. Fuller
STREET ADDRESS		6.3 STREET ADDRESS	5454 W. 110th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Overland Park, KS 66211

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, with all other like empowered.

SIGNATURE: Mark Beshears 4/26/99 (516) 854-7611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)