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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 822584

(9)

1. Corporation Name

CONSUMER PROGRAMS INCORPORATED

Principal Place of Business

1706 WASHINGTON
C/O TAX DEPT
ST. LOUIS MO 63103

Mailing Address

1706 WASHINGTON
C/O TAX DEPT
ST. LOUIS MO 63103-1717

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/02/1969

3a. Date of Last Report

05/01/1996

4. FEI Number

43-0791360

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ISAAC, RUSSELL
STREET ADDRESS 14538 CROSSWAY COURT
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE S
NAME NELSON, JANE E
STREET ADDRESS 445 CLARA AVE. #23
CITY-ST-ZIP ST. LOUIS MO 63112

TITLE D
NAME NELSON, JANE E
STREET ADDRESS 1706 WASHINGTON AVE
CITY-ST-ZIP ST. LOUIS MO

TITLE VT
NAME ARTHUR, BARRY
STREET ADDRESS 1706 WASHINGTON AVE.
CITY-ST-ZIP ST LOUIS MO

TITLE D
NAME ESSMAN, ALYN V.
STREET ADDRESS 1706 WASHINGTON AVE
CITY-ST-ZIP ST. LOUIS MO

TITLE D
NAME APRIL, DAVID E.
STREET ADDRESS 1706 WASHINGTON AVE
CITY-ST-ZIP ST. LOUIS MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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:

Barry Arthur

4-22-97

314-231-1575

CR2E034 (9/96)