


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 825802 (2)		
1. Corporation Name CAPPLANCO FIVE, INC.		

Principal Place of Business 11850 STUDD AVENUE P.O. BOX 419121 ST. LOUIS MO 63141	Mailing Address 11850 STUDD AVENUE P.O. BOX 419121 ST. LOUIS MO 63141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1971	
21		26		4. FEI Number 43-0964038	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, GEORGE K.	1.2 NAME	
STREET ADDRESS	831 WOOD COVE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, THOMAS H.	2.2 NAME	
STREET ADDRESS	402 HAMMERSMITH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, HELEN S	3.2 NAME	
STREET ADDRESS	322 CARLYLE LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULZ, GARY S.	4.2 NAME	
STREET ADDRESS	15544 COUNTRY RIDGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, JOHN R.	5.2 NAME	
STREET ADDRESS	12764 SPRUCE POND RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Gary S. Schulz* E REGISTRY: *SCHULZ* 1/15/98 314-569-1311

CR2E034 (10/97)