

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

FILED
May 05 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 # 832022 (8)
 1. Corporation Name
HOSPITAL DESIGNERS, INC.



Principal Place of Business: **11330 OLIVE ST ST LOUIS MI 63141**
 Mailing Address: **11330 OLIVE ST ST LOUIS MI 63141**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 43-0923342	Applied For Not Applicable
22	City & State ST. LOUIS, MO	27	City & State ST. LOUIS, MO	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 63141	28	Zip 63141	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country US	29	Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F.S. SCOTT	1.2 NAME	
STREET ADDRESS	15907 WOODLET WAY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	1.4 CITY-ST-ZIP	CHESTERFIELD, MO 63017
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H.J. VARWIG	2.2 NAME	
STREET ADDRESS	840 AMERSHAM	2.3 STREET ADDRESS	
CITY-ST-ZIP	CREVE COEUR MO	2.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, R. L.	3.2 NAME	
STREET ADDRESS	183 EMERALD GREEN COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLANDER, R. L.	4.2 NAME	T. N. BICE
STREET ADDRESS	183 EMERALD GREEN COURT	4.3 STREET ADDRESS	528 SOUTH ROCK HILL
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	ST. LOUIS, MO 63119
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: _____ **4-22-98**

CR2E034 (10/97)