

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 833461 (7)
1. Corporation Name
CANNON/PEARCE TURNER NIKOLAJEVICH, INC.



Principal Place of Business
**ONE CITY CENTRE
ST. LOUIS MO 63101**

Mailing Address
**2170 WHITEHAVEN RD.
ATTN: ACCOUNTING
GRAND ISLAND NY 14072
US**

3. Date Incorporated or Qualified **12/10/1974** 3a. Date of Last Report **04/20/1995**

4. FEI Number **43-0188830** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	NIKOLAJEVICH, GEORGE Z.	
STREET ADDRESS	ONE CITY CENTRE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TURNER, M K	
STREET ADDRESS	ONE CITY CENTRE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARLSON, RICHARD E	
STREET ADDRESS	2229 RIDGLEY WOODS DR.	
CITY-ST-ZIP	CHESTERFIELD MO 63005	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	RODNEY DENNIS M X	
STREET ADDRESS	176 WEST GRIMSBY ROAD	
CITY-ST-ZIP	TONAWANDA NY 14223	
TITLE		<input type="checkbox"/> DELETE
NAME	MILLER, GARY R	
STREET ADDRESS	94 CORIANDER CIR.	
CITY-ST-ZIP	EAST AMHERST NY 14051	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY/COUNSEL
4.3 STREET ADDRESS	PINCHOFF, ALLAN M.
4.4 CITY-ST-ZIP	8 OAK HILL COURT
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EAST AMHERST, NY 14051
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allan M. Pinchoff* **Allan M. Pinchoff Sec./Counsel (716) 773-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date: **05-09-96** Daytime Phone #

CR2E034 (12/95)