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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 833461

CANNON/PEARCE TURNER NIKOLAJEVICH, INC.

Mailing Address Principal Place of Business 2170 WHITEHAVEN RD. ONE OFFY CENTRE ATTN: ACCOUNTING ST. LOUIS NO 63101-GRAND ISLAND NY 14072-2025 3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1974 05/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 43-0188830 26 Not Applicable One Independent Drive Suite Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired **Suite 3302** Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Jacksonville, Florida Trust Fund Contribution Added to Fees 28 Country  $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No USA Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of regisioned agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Addition Change □ DELETE 1.1 TITLE TITLE NIKOLAJEVICH, GEORGE Z. NAME 1.2 NAME ONE CITY CENTRE 1.3 STREET ADDRESS STREET ADDRESS ST.LOUIS MO 1.4 CITY - ST-ZIP CITY - ST - Zie VD. DELETE Change Addition 2.1 TITLE THUE Turner, M K NAMi 2.2 NAME ONE CITY CENTRE 2.3 STREET ADDRESS STREET ADURESS ST. LOUIS MO 2 4 CITY-ST-ZIP CHY-ST-ZH SD DELETE Change ☐ Addition 3.1 TITLE THE CARLSON, RICHARD E NAME 3.2 NAME 2220 RIDGLEY-WOODS DR. One City Centre 3 3 STREET ADDRESS STREET ADDRESS CHESTERFIELD MO 63006 St. Louis, Missourl 63101 3 4. CHTY - ST - ZIP CITY - ST - ZIF Change \_\_\_ Addition DELETE 4.1 TITLE THILE MILLER, GARY R 4. 2 NAME NAME 94 CORIANDER CIR. 2170 Whitehaven Road 4.3 STREET ADDRESS STREET ADDRESS EAST AMHERST NY 14051 Grand Island, New York 14072 4.4 CITY-ST-ZIP CHY-SI-ZIF Addition DELETE 5.1 TITLE TITLE (Ass't) Secretary / Counsel NAME 5.2 NAME Allan M. Pinchoff 5.3 STREET ADDRESS STREET ADDRESS 2170 Whitehaven Road 5.4 CITY-ST-ZIP Grand Island, New York  $C(F_T \cdot S^T$ Addition DELETE 6.1 TITLE THILE NAME 6.2 NAME

SIGNATURE:

STREET ADDRESS

COTY+ST ZIP

Allan M. Pinchoff SIGNATURE AND TYPED OR PRINTED NAI

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

March 24, 1997

**FILED** 

Apr 01 1997 8:00am

Secretary of State

Daytime Prione