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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

7 11 41 40	1997	DIVISION OF CORPORATIONS						Secretary of State				
	MENT # 833685 PRN MID-WEST CONVEYOR		(1)			***************************************		 	BURN BURN A	an arak exekt e	 	
Principal Place 2601 MID-WEST KANSAS CITY I	r DR.	2601 (Mailing Address 2601 MID-WEST DR. KANSAS CITY KS 66111-1760									
								3. Date Incorporated or Qualified 01/21/1975		te of Last Fle 6/1996	eport	
2. Principal Pl	lace of Business	2a. M	ailing Address					4. FEI Number	- 1 X-14-		plied For	
Cuito Ant	# ata	26	its that # ata					48-0511657		 1 1 -	t Applicable	
Suite, Apt.	#, BIG.	27	iite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
City & State	9		ty & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	May Be	
Zip	Country	Zi	р	Cou	intry			8. This corporation has liability for	intangible			
24	25	29		30				Florida Statutes] Yes 👢	No		
	9. Name and Address of Currer	nt Register	ed Agent		81	Name		10. Name and Address of New Re	gistered A	gent		
1200	Corporation System O S. Pine Island Road NTATION FL 33324				82 83		Addre	ss (P.O. Box Number is Not Acceptal	ole)			
					84	City	Corporation submits this statement for the purpose of chan			85 Zip C	Code	
SIGNATURE	ogistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age OF FICE RS AN	en; and tile if ap	pricable (NOTI					n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	7.7.7.		
THILE	P		☐ DELETE	1.1 10	TLE		VP			☐ Change	K Addition	
NAME STREET ADDRESS	PAISLEY, J. WES 2601 MIDWEST DR KANSAS CITY KS				TREET	ADDRESS	15	omas Napiecek 832 Beckett athe, KS 66062			ŀ	
CITY-ST-7IP TITLE	D DELETE			_	1.4 CITY-ST-ZIP 2.1 TITLE			athe, KS 00002		Change	Addition	
NAME STREET ADDRESS	PAPPAYLION, GEORGE S 1831 FORSGATE JCT		<u> </u>		22 NAME 23 STREET ADDRESS							
CITY-SI-ZIP	SPRINGBORO OH		DELETE	2. 4 CIT LETE 3.1 TITL			ļ			☐ Change	Addition	
NAME STREET ADDRESS	SAMARASINGHE, SIRAN D. WITTGENSTEINLAAN 149		בין טנוניונ	3.2 N	AME	address				Change	Addition	
CITY - ST - ZIP	1062 KO AM			3.4. GIT		ST-ZIP						
TITLE			DELETE	4.1][Change	Addition	
NAME				4. 2 N			ļ				į	
STREET ADDRESS						ADDRESS						
CITY - ST - ZIP TITLE			DELETE	4,4 CI		T-ZIP	-			☐ Change	☐ Addition	
NAME				5.2 N						-		
STREET ADDRESS				5.3 \$1	TREET	ADDRESS						
CITY - ST - ZIP				5.4 CI	17Y - S	T-ZIP						
TITLE			□ DELETE	61 TI			1			☐ Change	☐ Addition	
NAMÉ				62 N								
STREET ADDRESS						ADDRESS						
14. I do hereb	by certify that the information supplie	d with this	filing does not quali	fy for the	exe	T-ZIP implion s	tated	in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatio	on indicated on this annual report or s	sumplement	al annual renott is t	rue and a	acci	irate and	i that r	ny signature shall have the same leg- as required by Chapter 607, Florida	al effect as	if made und	der oath: that i	

SIGNATURE:

//17/97 (913) 441-8590

FILED

Jan 27 1997 8:00am

Daytime Phone #