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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 834057 (2)

1. Corporation Name  
LIONMARK CONSTRUCTION COMPANIES

Principal Place of Business  
1620 WOODSON ROAD  
ST. LOUIS MO 63114

Mailing Address  
1620 WOODSON ROAD  
ST. LOUIS MO 63114-6129



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1975	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 43-0415930	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
				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	D GOMES, E.C., SR.	1.1 TITLE	
NAME	11 LYNNBROOK	1.2 NAME	
STREET ADDRESS	FRONTENAC MO	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY - ST - ZIP	
TITLE	V ALLEN, GENE R.	2.1 TITLE	
NAME	1716 ROSE ARBOR DR.	2.2 NAME	
STREET ADDRESS	CREVE COEUR MO	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY - ST - ZIP	
TITLE	VST FELDMAN, THOMAS F.	3.1 TITLE	
NAME	2031 BROOKCREEK LANE	3.2 NAME	
STREET ADDRESS	ST. LOUIS MO	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY - ST - ZIP	
TITLE	PD GOMES, ED, JR.	4.1 TITLE	
NAME	#19 PORTLAND DR	4.2 NAME	
STREET ADDRESS	ST. LOUIS MO	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY - ST - ZIP	
TITLE	AS DOHLE, MICHAEL R	5.1 TITLE	
NAME	4309 FORESTDALE	5.2 NAME	
STREET ADDRESS	ST. LOUIS MO 63125	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE:

*Michael R. Dohle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

Daytime Phone #

CR2E034 (9/96)