

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

FILED

Jan 20 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 # 835073 (8)
1. Corporation Name
JUSTINE REALTY COMPANY

Principal Place of Business Mailing Address
~~6680 CHIPPEWA STREET, STE. 210~~ ~~6680 CHIPPEWA STREET, STE. 210~~
~~ST. LOUIS MO 63109~~ ~~ST. LOUIS MO 63109~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 10820 SUNSET OFFICE DRIVE 26 10820 SUNSET OFFICE DRIVE
Suite, ~~240~~ Suite, ~~240~~
22 240 27 240
City & State City & State
23 ST. LOUIS, MISSOURI 28 ST. LOUIS, MISSOURI
Zip Country Zip Country
24 63127-1030 25 USA 29 63127-1030 30 USA

3. Date Incorporated or Qualified
09/24/1975
4. FEI Number 43-6036292 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when re-listing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, R H W	1.2 NAME	
STREET ADDRESS	5653 N. HWY. 94	1.3 STREET ADDRESS	
CITY-ST-ZIP	PTGE DES SIOUX, MO 00000	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANIS, W T	2.2 NAME	
STREET ADDRESS	6961 HILLSLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIENUP, W. J.	3.2 NAME	
STREET ADDRESS	13045 WHEATFIELD FARM RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	PTD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIENUP, R. H.	4.2 NAME	
STREET ADDRESS	6680 CHIPPEWA ST, #210	4.3 STREET ADDRESS	10820 SUNSET OFFICE DRIVE-SUITE 240
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	ST. LOUIS, MISSOURI 63127-1030
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTHE, M.A.	5.2 NAME	
STREET ADDRESS	17041 WILD HORSE CRK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	5.4 CITY-ST-ZIP	
TITLE		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 RAYMOND H. FIENUP, PRESIDENT January 12, 1998 314-821-5866

CR2E034 (10/97)