

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

FILED
Apr 16 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 # 835699 (0)
 1. Corporation Name
EXECUTIVE REALTY COMPANY OF MISSOURI

Principal Place of Business: **700 CORPORATE PARK DRIVE ST LOUIS MO 36105**
 Mailing Address: **ATTN: DIANNE HUBER 35 HUNTER AVE ST LOUIS MO 63124-2008**

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent
SLAVIK, DENNIS W
3909 W. HILLSBOROUGH
TAMPA FL 33614

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 607.0507 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, Florida Statutes.

SIGNATURE _____ DATE _____
Signature type for printed name of registered agent (mandatory) (Not for use of Agent signature required with a new filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JACK C.	12 NAME	
STREET ADDRESS	201 SOUTH MCKNIGHT	13 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, JOHN T	22 NAME	
STREET ADDRESS	524 FOX RIDGE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63124	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ANDREW C.	32 NAME	
STREET ADDRESS	1147 LOG CABIN LANE	33 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.



3. Date Incorporated or Qualified: **12/31/1975**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **43-0905323**
 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
 10. Name and Address of New Registered Agent

CR2E034 (9/96)

Handwritten signature and date