

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844390** (5)
1. Corporation Name
SUNSET LANES, INCORPORATED



Principal Place of Business 10120 FITE CIRCLE ST. LOUIS MO 63123	Mailing Address 10120 FITE CIRCLE ST. LOUIS MO 63123-8003
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		3. Date Incorporated or Qualified 10/19/1979		3a. Date of Last Report 03/12/1996	
				4. FEI Number 43-0761969		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NO tax Due	
9. Name and Address of Current Registered Agent BOJE, WILLIAM H. 609 CRATER LANE TAMPA FL 33619				10. Name and Address of New Registered Agent			
				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 607.0502 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	SD	1.1 TITLE	SD
NAME	BOJE, GLORIA J	1.2 NAME	Boje, Gloria J.
STREET ADDRESS	4425 48TH AVE S	1.3 STREET ADDRESS	609 Crater Lane
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	VD	2.1 TITLE	VD
NAME	BOJE, JEFFREY	2.2 NAME	Boje, Jeffrey W.
STREET ADDRESS	4425 48TH AVE S	2.3 STREET ADDRESS	609 Crater Lane
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	TD	3.1 TITLE	TD
NAME	WHITE, CHRISTY BOJE	3.2 NAME	White, Christy B.
STREET ADDRESS	4425 48TH AVE S	3.3 STREET ADDRESS	609 Crater Lane
CITY-ST-ZIP	ST PETERSBURG, FL 0	3.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	PD	4.1 TITLE	PD
NAME	BOJE, WILLIAM H	4.2 NAME	Boje, William H.
STREET ADDRESS	4425 48TH AVE	4.3 STREET ADDRESS	609 Crater Lane
CITY-ST-ZIP	ST PETERSBURG, FL 00000	4.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	D	5.1 TITLE	D
NAME	BOJE, DEBRA	5.2 NAME	Boje, Debra L.
STREET ADDRESS	4425 48TH AVE S	5.3 STREET ADDRESS	609 Crater Lane
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	Tampa, FL 33619
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: Jeffrey W. Boje 4-13-97 (813) 681-2363
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)