

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

FILED

Mar 31 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> 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**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 609 Crater Lane</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Tampa, Florida</b> Zip Country <b>24 33619 25</b>		<b>2a. Mailing Address</b> <b>26 609 Crater Lane</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Tampa, Florida</b> Zip Country <b>29 33619 30</b>		<b>3. Date Incorporated or Qualified</b> <b>10/19/1979</b> <b>4. FEI Number</b> <b>43-0761969</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>BOJE, WILLIAM H.</b> <b>809 CRATER LANE</b> <b>TAMPA FL 33619</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>Jeffrey W. Boje</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 609 Crater Lane</b> <b>84 City</b> <b>Tampa, Florida</b> <b>FL</b> <b>85 Zip Code</b> <b>33619</b>
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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 *[Signature]* DATE **3-24-98**

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>SD</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>BOJE, GLORIA J</b> <b>STREET ADDRESS</b> <b>809 CRATER LANE</b> <b>CITY-ST-ZIP</b> <b>TAMPA FL</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>President, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jeffrey W. Boje</b> <b>609 Crater Lane</b> <b>Tampa, Florida 33619</b>	
<b>TITLE</b> <b>VD</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>BOJE, JEFFREY</b> <b>STREET ADDRESS</b> <b>809 CRATER LANE</b> <b>CITY-ST-ZIP</b> <b>TAMPA FL</b>	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<b>Vice President, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Debra L. Boje</b> <b>609 Crater Lane</b> <b>Tampa, Florida 33619</b>	
<b>TITLE</b> <b>TD</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>WHITE, CHRISTY BOJE</b> <b>STREET ADDRESS</b> <b>809 CRATER LANE</b> <b>CITY-ST-ZIP</b> <b>TAMPA FL</b>	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<b>Secretary, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gloria J. Boje</b> <b>609 Crater Lane</b> <b>Tampa, Florida 33619</b>	
<b>TITLE</b> <b>PD</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>BOJE, WILLIAM H</b> <b>STREET ADDRESS</b> <b>809 CRATER LANE</b> <b>CITY-ST-ZIP</b> <b>TAMPA FL</b>	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<b>Treasurer, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Christine B. White</b> <b>609 Crater Lane</b> <b>Tampa, Florida 33619</b>	
<b>TITLE</b> <b>D</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>BOJE, DEBRA</b> <b>STREET ADDRESS</b> <b>809 CRATER LANE</b> <b>CITY-ST-ZIP</b> <b>TAMPA FL</b>	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>		

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: *[Signature]* **Jeffrey W. Boje** **3-24-98** **(813) 621-2363**

CR2E034 (10/97)