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May 28 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 # F92000000521 (6)

1. Corporation Name

TRANS WORLD PARS, INC.



Principal Place of Business

11500 AMBASSADOR DR
KANSAS CITY MO 64153
US

Mailing Address

11500 AMBASSADOR DR
KANSAS CITY MO 64153-1151
US

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

04/03/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

13-3381826

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME KENNER, LYNN E
STREET ADDRESS ONE CITY CENTRE, 515 NORTH 6TH ST
CITY - ST - ZIP ST LOUIS MO

☐ DELETE

TITLE PRESIDENT
NAME ROBIN A. BRANDT
STREET ADDRESS ONE CITY CENTRE 515 N. 6TH ST.
CITY - ST - ZIP ST LOUIS MISSOURI 63101

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. TREASURER
1.2 NAME CHRISTINE R. DEISER
1.3 STREET ADDRESS 11500 AMBASSADOR DRIVE
1.4 CITY - ST - ZIP KANSAS CITY, MISSOURI 64153

☒ Change ☐ Addition

2.1 TITLE PRESIDENT
2.2 NAME ROBIN A. BRANDT
2.3 STREET ADDRESS ONE CITY CENTRE 515 N. 6TH ST.
2.4 CITY - ST - ZIP ST LOUIS, MISSOURI 63101

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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: CHRISTINE R. DEISER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 5/21/97
DAYTIME PHONE 816-464-6644

CR2E034 (9/96)