

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

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May 09 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 # **F93000003035 (3)**

1. Corporation Name
AGENCY PREMIUM RESOURCE, INC.



Principal Place of Business 8245 NIEMAN RD #100 LENEXA KS 66214	Mailing Address PO BOX 14708 SHAWNEE MISSION KS 66205-4708 US
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3. Date Incorporated or Qualified 06/28/1993	3a. Date of Last Report 03/21/1996
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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
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4. FEI Number 48-1048827	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	PC <input type="checkbox"/> DELETE	1.1 TITLE	Chairman Board of Directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTER, C. TED	1.2 NAME	Mike Carter C. TED
STREET ADDRESS	2340 GUILFORD LANE	1.3 STREET ADDRESS	2108 Arroyo Rd.
CITY-ST-ZIP	MISSION HILLS KS 66208	1.4 CITY-ST-ZIP	MISSION HILLS KS 66208
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUBBENHORST, STEPHEN A	2.2 NAME	Serge Leroy A.
STREET ADDRESS	5321 W. 123RD	2.3 STREET ADDRESS	3104 W. 130th St.
CITY-ST-ZIP	OVERLAND PARKS KS 66209	2.4 CITY-ST-ZIP	Leawood KS 66209
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, ANSON G	3.2 NAME	Delete
STREET ADDRESS	2080 W. SYLVAN RILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50265	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODSCHIEDLER, ARTHUR N	4.2 NAME	
STREET ADDRESS	7715 MONROVIA	4.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS 66216	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL AM RAMDA; D	5.2 NAME	Hickman Randall D.
STREET ADDRESS	9124 WEST 126TH TERR	5.3 STREET ADDRESS	Overland Park KS
CITY-ST-ZIP	DERELAND PARK KS	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONEIL TIMOTHY A	6.2 NAME	President
STREET ADDRESS	12204 CARTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	DERLAND PARK KS	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: *Randall D. Hickman* **Randall D. Hickman** 4-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)