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Apr 11 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 # F93000003513 (9)

1. Corporation Name
RETAIL PLANS AND MANAGEMENT, INC.



Principal Place of Business
2501 MCBEE, MAIL DROP 339
KANSAS CITY MO 64108

Mailing Address
ATTN. TAX 407
P O BOX 419479
KANSAS CITY MO 64141-6479
US

3. Date Incorporated or Qualified 07/30/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 43-1039549	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRNHABER, ROBERT D	1.2 NAME	
STREET ADDRESS	3521 WEST 87TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	LEAWOOD KS	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGEON, ROD	2.2 NAME	
STREET ADDRESS	16950 206TH STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	TONGANOXIE KS 68086	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, CHARLES J JR.	3.2 NAME	Bisset, Karen I.
STREET ADDRESS	712 EAST 47TH STREET	3.3 STREET ADDRESS	9824 Sagamore
CITY- ST- ZIP	KANSAS CITY MO 64110	3.4 CITY- ST- ZIP	Leawood, KS 66206
TITLE	VPAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, VERNON D	4.2 NAME	
STREET ADDRESS	9810 WEST 131ST ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	OVERLAND PARK KS 66213	4.4 CITY- ST- ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, MARK	5.2 NAME	
STREET ADDRESS	5050 SUNSET D	5.3 STREET ADDRESS	
CITY- ST- ZIP	KANSAS CITY MO	5.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, VICKIE	6.2 NAME	Whittaker, Judith
STREET ADDRESS	11707 EAST 61ST STREET	6.3 STREET ADDRESS	5900 Mission Drive
CITY- ST- ZIP	KANSAS CITY MO 64133	6.4 CITY- ST- ZIP	Mission Hills, KS 66208

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: *Vernon D. Clements* _____ DATE: **4/3/97** (816-274-8691)

CR2E034 (9/96)