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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000865 (5)**

1. Corporation Name

MISSISSIPPI VALLEY ADVISORS INC.

Principal Place of Business

**1857 WELLS RD.
SUITE 219
ORANGE PARK FL 32073
US**

Mailing Address

**P.O. BOX 387
ST. LOUIS MO 63166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 One Mercantile Center		26		43-1432116		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 Suite 2100		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 St. Louis, MO		28					
Zip		Zip					
24 63101-1610		25 USA		30			

9. Name and Address of Current Registered Agent

**CT 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	Chairman
NAME	ADAMS JR., W RANDOLPH	1.2 NAME	McClure, John W.
STREET ADDRESS	25 TWIN SPRINGS LANE	1.3 STREET ADDRESS	2 Elk Trail
CITY - ST - ZIP	ST. LOUIS MO	1.4 CITY - ST - ZIP	St. Charles, MO 63303
TITLE	DP	2.1 TITLE	
NAME	BLIXEN, II JOHN H.	2.2 NAME	
STREET ADDRESS	2 VISTA BROOK LANE	2.3 STREET ADDRESS	St. Louis, MO 63124
CITY - ST - ZIP	ST. LOUIS MO	2.4 CITY - ST - ZIP	
TITLE	DST	3.1 TITLE	
NAME	WEBSTER, III RALPH W.	3.2 NAME	
STREET ADDRESS	733 FAIRFIELD LAKE DRIVE	3.3 STREET ADDRESS	Town & Country, MO 63017
CITY - ST - ZIP	TOWN & COUNTRY MO	3.4 CITY - ST - ZIP	
TITLE	DST	4.1 TITLE	
NAME	GILLESPIE, GENE E	4.2 NAME	
STREET ADDRESS	1115 ST. LOUIS ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	EDWARDSVILLE IL 62025	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	HAGER, JR. C	5.2 NAME	Hager, Jr., Charles C.
STREET ADDRESS	8 SPOEDE LANE	5.3 STREET ADDRESS	St. Louis, MO 63124
CITY - ST - ZIP	ST. LOUIS MO	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	HIGGINS, DAVID C.	6.2 NAME	
STREET ADDRESS	320 AARON	6.3 STREET ADDRESS	Belleville, IL 62220
CITY - ST - ZIP	BELLEVILLE IL	6.4 CITY - ST - ZIP	

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:

Ralph W. Webster, III

Ralph W. Webster, III

3/2/98 (314) 418-3896

CP2E034 (10/97)