

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # F95000000661 (7)
 1. Corporation Name
MUSCO SPORTS LIGHTING, INC.



Principal Place of Business 2107 STEWART ROAD MUSCATINE IA 52761	Mailing Address 2107 STEWART ROAD MUSCATINE IA 52761
--------------------------------------------------------------------------------	--------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 42-1320717	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOKHAM, JOE P	1.2 NAME	
STREET ADDRESS	100 1ST AVE., WEST BOX 808	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSKALOOSA IA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, THOMAS H	2.2 NAME	Diane Crookham-Johnson
STREET ADDRESS	100 1ST AVE., WEST BOX 808	2.3 STREET ADDRESS	100 1st Avenue West, Box 808
CITY-ST-ZIP	OSKALOOSA IA	2.4 CITY-ST-ZIP	Oskaloosa, IA 52577
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYLAND, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	100 1ST AVENUE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OSKALOOSA IA	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDIN, MYRON K	4.2 NAME	
STREET ADDRESS	100 1ST AVE., WEST BOX 808	4.3 STREET ADDRESS	
CITY-ST-ZIP	OSKALOOSA IA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, JAMES M	5.2 NAME	
STREET ADDRESS	100 1ST AVE., WEST BOX 808	5.3 STREET ADDRESS	
CITY-ST-ZIP	OSKALOOSA IA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREIRA, LUANN	6.2 NAME	
STREET ADDRESS	2107 STEWART ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MUSCATINE IA	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 _____ **James M. Hansen, Secretary** 4/22/98 515 673-0411

CR2E034 (10/97)