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**Apr 14 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 # F95000002722 (5)

1. Corporation Name
MIDLAND DEVELOPMENT GROUP, INC.



Principal Place of Business
**12655 OLIVE BOULEVARD, SUITE 200
ST. LOUIS MO 63141**

Mailing Address
**12655 OLIVE BOULEVARD, SUITE 200
ST. LOUIS MO 63141-8362**

3. Date Incorporated or Qualified **06/06/1995** 3a. Date of Last Report **07/02/1996**

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. 25. 29. 30.

4. FEI Number **43-1301484** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**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 **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 _____ DATE _____
(Type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

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	WIELANSKY, LEE S	1.2 NAME	
STREET ADDRESS	13482 MAPLE RIDGE COURT	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CREVE COVER MO 63141	1.4 CITY-STATE-ZIP	
TITLE	EVRT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTESTINE, STEPHEN M	2.2 NAME	
STREET ADDRESS	1825 SOUTH MASON	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. LOUIS MO 63131	2.4 CITY-STATE-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APTER, JOSEPH H	3.2 NAME	
STREET ADDRESS	312 CABIN GROVE LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. LOUIS MO 63141	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RODNEY K	4.2 NAME	
STREET ADDRESS	14812 BROOK HILL DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CHESTERFIELD MO 63017	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKMAN, NED M	5.2 NAME	
STREET ADDRESS	7134 NORTH BARNETT	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MILWAUKEE WI 53217	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 included 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 or on an attachment with an address.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
(Type or print name of signing officer or director)

CR2E034 (9/96)