

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

FILED
Mar 18 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
4. FEI Number 43-1301484				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD WIELANSKY, LEE S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13462 MAPLE RIDGE COURT	1.2 NAME	
STREET ADDRESS	CREVE COVER MO 63141	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	EVID NOTESTINE, STEPHEN M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1825 SOUTH MASON	2.2 NAME	
STREET ADDRESS	ST. LOUIS MO 63131	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD APTER, JOSEPH H	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	312 CABIN GROVE LANE	3.2 NAME	
STREET ADDRESS	ST. LOUIS MO 63141	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D JONES, RODNEY K	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14812 BROOK HILL DRIVE	4.2 NAME	
STREET ADDRESS	CHESTERFIELD MO 63017	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BRICKMAN, NED M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7134 NORTH BARNETT	5.2 NAME	
STREET ADDRESS	MILWAUKEE WI 53217	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or 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: _____

CR2E034 (10/97)